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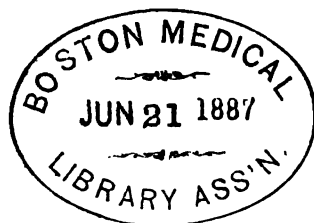
THE AUSTRALIAN MEDICAL GAZETTE.

THE AUSTRALIAN MEDICAL GAZETTE.

A JOURNAL OF

MEDICAL SCIENCE, LITERATURE, AND NEWS.

FOR 1869.



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Proceedings of Association.

INAUGURATION OF THE VICTORIAN MEDICAL ASSOCIATION.

On the evening of the 8th instant, the President, Dr. Stewart, delivered his inaugural address; a condensed report of which is subjoined.

GENTLEMEN,—It is, I assure you, with feelings of pride that I acknowledge the honour of being unanimously elected President of the Victorian Medical Association; but I feel that there are many around me whose qualifications for that office would enable them to discharge its important duties with much more satisfaction and advantage than the humble individual you have thought proper to honour. Feeling this, I certainly had some reluctance in acceding to your request; but the reflection cheered me on that, if the talents I possess are exerted faithfully and diligently in forwarding the object we have in view—that of establishing an association which will deserve the sympathy and support of the great body of the profession—you would forgive my imperfections. I feel, too, an honourable

ambition in endeavouring to aid others in cultivating the field of medical science, where there is, at once, so much to learn and to communicate. Nor must we forget the words of Sydenham: "When I was a young man, I knew no disease for which I had not twenty remedies, but now since I am grown old in the experience of my profession, I know twenty diseases for which I have not a single remedy."

In inaugurating the Medical Association of Victoria, I look forward to its utility in cementing together the members of the profession by bonds of good feeling; and this end is most essential in our daily intercourse with one another, soothing those little asperities which difference of opinion occasions, and forming our general conduct in consonance with the honour and dignity of our calling. That many of you must have felt the want of such an organisation, I readily believe.

I shall now, with your permission, read the address, or prospectus, in which the general objects of our body have been ably set forth:

"TO THE MEMBERS OF THE MEDICAL PROFESSION:

"The want of a permanent organization, worthy

of and enjoying the confidence of the majority of the Profession, having for some time past been seriously felt by a large number of medical men, it has been determined to establish a Society to be called 'THE VICTORIAN MEDICAL ASSOCIATION;' the object of which shall be the advancement of medical science, and to defend the Profession from the attacks of those individuals who, through sordid and selfish motives, would not only degrade but sacrifice to their own pecuniary advantages the interests of the entire Profession.

"The recent extraordinary and discreditable attempt made by the Melbourne Coroner and one or two medical men to lower the respectability of the Profession, and to encroach upon the rights and monopolize the privileges of its members, renders such an Association not merely expedient but absolutely necessary, and it is matter for regret that it has not long ere this been established.

"It has also been resolved to publish a bi-monthly Journal, under the title of *The Australian Medical Gazette*; and, to render it deserving of support, it will be free from all party feeling and jealousy, and its principal object shall be the cultivation of medical science, the protection of the interests of the Profession, and the promotion of union among medical men. In addition to the Editorial articles, and other original matter, the *Gazette* will contain a general summary, judiciously selected from the leading Medical Journals of Europe and America, and will thus afford to all its Subscribers an amount of invaluable information, which otherwise would be expensive and difficult, if not altogether impossible, to obtain.

"In order that each Member of the Profession may enjoy the privileges of the Association, and secure the advantages arising from the *Gazette*, the following terms (covering subscription to *Gazette* and Membership), have been agreed upon: An annual payment of £2 2s. by medical men resident in Melbourne and Suburbs, and of £1 1s. by country practitioners residing at a distance of ten miles from the city. To non-members of the Association, the Subscription to the *Gazette*, which in all cases shall be delivered POST FREE, will be £1 1s. per annum.

"The Meetings of the Association for the reading of Papers on subjects of professional interest, will be held on the second Friday in each month, at Half-past Seven o'clock p.m. precisely; the first meeting being appointed for Friday, 8th January, 1869.

"The *Gazette* will be issued on the 15th and 30th of each month, commencing on the 30th January, 1869.

"In conclusion; the Promoters wish to state that having organised the Association and established the *Gazette*, for the benefit of the entire Profession, they confidently appeal, and it is to be

hoped not in vain, for energetic support to every medical man who values his own professional independence, and has the welfare and credit of his Profession at heart."

The action taken by the City Coroner on a late occasion must be fresh in the mind of every person present, as affording an amount of presumption unequalled, I believe, in the history of the profession. Your defence was complete against this unwarrantable aggression. In a letter accidentally brought before us by the Hon. the Minister of Justice, a feature was introduced of so novel a character as would wake up the spirits of the barber surgeons of centuries past. "The medical practitioner of the present day is not absolutely a pathologist. He may study the human body in a state of health, but not necessarily that of disease." Has the millennial period arrived, and have the ailments of our physical structure for ever ceased? or, has all the wisdom of our predecessors resulted in the fact that a mere therapist, a dispenser of simples, is alone to be entrusted with the complex organisation of the human body? Thanks to the decided and energetic action of the members composing the mass of the profession, and the kindness of the Hon. Mr. Casey, the Minister of Justice, the curtain was drawn aside, and the actors and the fallacy of the play exposed.

"What!" said a certain celebrated barrister, "are we to have in our courts of justice such medical detectives as a Government pathologist and medical jurist!" Was ever such an indignity recorded!—was ever an act more calculated to sever the bonds of union between the patient and his medical attendant, or to trample in the dust our innate pride—the wish to excel in the amelioration of suffering humanity? Let us not too rashly outstep the bounds of prudence, dictated and supported by the legal enactments of our fatherland. *When England leads, it is time for us to follow.*

Again, Gentlemen,—it will be the duty of this association to struggle against all despotic rule, when aimed against our profession, and to guard jealously the purity and justice of our Coroner's Court. Coroners are but men, and with some dangerous examples before us of the abuse by them of their positions and influence, we are bound to regard them in no more favourable light than other men. An instance of such abuse was seen in a late trial, when the coroner, in summing up to the jury, directed their attention to the fact that "additional medical evidence had been tendered, on behalf of the accused, which they could have if they wished for it, but, for his part, *he was satisfied.*" By such language he became, at once, both judge and jury.

Another case of coroner's justice is within the

memory of most of you, that of Mr. Venables, a surgeon, at North Melbourne, who was committed at an inquest on the charge of manslaughter, but the then Attorney General refused to proceed with the case, the evidence being so inconclusive. That groundless accusation ruined him in practice, and I believe ultimately drove the unfortunate victim of coroner's justice to the Yarra Bend.

Again: we would subject the mode of election of the honorary staff of hospitals to beneficial changes; and on this head I cannot too forcibly express my opinion, that the appointment for life, or for a term of ten years, of the honorary medical staff of these institutions, does not secure the greatest advantages either to their inmates or to the public; and is not in accordance with a liberal and healthy government.

The mode of appointing coroners in Victoria must also become a matter for our discussion; and it is difficult to see why it is not conducted here in accordance with the laws and customs of England. Indeed, I strongly advocate the memorialising of the Minister of Justice, at an early date, suggesting the introduction of a clause in the new Municipal Bill, whereby every borough would have the power of electing its own coroner. Such a course would ensure the more easy detection of crime, and the avoidance of unnecessary inquests, thus effecting a saving of perhaps seventy-five per cent. on the present actual expense of the Coroner's Court.

A vote of thanks to the President, for his very able address, was moved by Dr. Crooke, and carried by acclamation.

GENERAL BUSINESS OF THE ASSOCIATION.

The question of the existence or non-existence of Small-pox in the Immigration Hospital.

DR. CROOKE rose to draw the attention of the President and the members to the fact that small-pox existed in the Immigrants' Hospital. He had examined the three cases there, and had not the slightest doubt as to their nature. After seeing them, he called on Dr. M'Crea and told him his opinion, but the Doctor said positively that they were not small-pox, but chicken-pox. He could assure the meeting that the disease was similar in all its aspects to the small-pox he attended from 1831 to 1835, when he was a pupil in the Cork Dispensary; and also similar to the cases which came under his observation in the Dublin Hospital, from 1835 to 1837; and to those which he had under his care in the parish of St. George, in London, 1841. There was not a single symptom wanting in the cases in the hospital to correspond with those he attended as before mentioned. One patient

(a female) had pustular eruption on the face which was leaving dried marks. The head of another patient (a young man) was swollen enormously; he had got pustules as large as peas over his face, and they were as close as they could stand. The patients were residents in the neighbourhood, and took the disease there. He had been accustomed to deal with chicken-pox, and his opinion coincided with the best writers, that in chicken-pox the eruption was not, as in small-pox, more especially confined to the face, but was more on the back of the neck, on the back, and on the trunk. He therefore proposed "That a committee be formed of those gentlemen who believed the disease to be small-pox, to wait on Dr. M'Crea next day, with a view to a joint inspection and investigation of the disease."

DR. MOORE seconded the motion. He had not seen the cases, but he had seen Dr. Knaggs, who had attended the cases before they were sent into the hospital.

DR. CURTIS said he had great experience of this disease at home, and he was aware there was one symptom unmistakable, namely, the peculiar odour. He would ask Dr. Crooke if such was observable in the cases seen by him.

DR. CROOKE replied that the odour was present.

DR. BRAGGE said there was even a more characteristic feature in small-pox, and one which could not possibly be mistaken. It was the feeling of shot under the skin in passing the hand over it.

DR. BERNCASTLE observed that he had been speaking to Dr. Girdlestone that evening, and the latter gentleman had no doubt whatever that they were cases of small-pox. The merest tyro in the profession could detect it. He could know it by the odour alone without feeling the patient at all. Some years ago, when he was connected with an hospital in London, he saw many cases of it, and he could never forget them. Similar symptoms were present in each. There was as great a difference between chicken-pox and small-pox as between chalk and cheese. There were no diseases more distinctive. In chicken-pox the person could go about while affected, and there were no pustules on the face. He should take the evidence of Dr. Girdlestone and Dr. Crooke as sufficient to prove that they were genuine cases of small-pox.

DR. CROOKE said that as Dr. M'Crea had pronounced him to be wrong in his judgment, he would claim the protection of that association. He wanted no more than justice; he would ask that Dr. M'Crea be requested to meet a sub-committee from the association to-morrow morning to inspect the cases and discuss the question of the disease.

DR. MOORE suggested that Dr. Girdlestone, the City Health Officer, should be also asked to attend at the Immigration Hospital.

DR. MURRAY expressed a hope that there was no intention of throwing a doubt upon the professional abilities of Dr. M'Crea, whose status in the profession was very high: but he had been a long time away from England, and might easily be mistaken in his judgment on these cases. The association had a duty to perform to the public, but he (Dr. Murray) would be sorry to throw unnecessary odium upon a gentleman of high standing amongst his medical brethren.

THE PRESIDENT was sure that every gentleman present deprecated the idea of throwing down the gauntlet to Dr. M'Crea.

DR. CROOKE never thought of such a thing in his life. He had no wish whatever to enter the lists against Dr. M'Crea, whom he could claim as a personal friend; but the subject was one of vital importance to this community, and it was the duty of the Association to take it up and thoroughly examine it.

It was suggested by Dr. CURTIS that a committee of the members should be appointed to meet Dr. M'Crea, and that the hon. secretary should write to him requesting him to name the time it would be convenient for him to meet said committee.

A messenger was sent who returned with an answer from Dr. M'Crea that he could not name an hour.

After some discussion on Dr. M'Crea's answer, Dr. LLOYD observed that the profession owed nothing to Dr. M'Crea, for there was no man in the colony who had done more serious injury to it. He first introduced the iniquitous system of tendering for medical services under Government, and had been the cause of fixing the fee for vaccinating at 2s. 6d., whereas the poorer colony of South Australia paid 8s. 6d.

After some observations from Drs. Moore, Berncastle, and M'Carthy, the subject was deferred until the next meeting.

ACTION OF THE VICTORIAN MEDICAL ASSOCIATION IN THE MATTER OF SMALL-POX.

WE, the undersigned members of the Victorian Medical Association, certify that we have this day inspected cases of disease under treatment at the Immigration Depot Hospital, Bourke-street West, and we unhesitatingly affirm that the disease from which these persons are suffering is genuine small-pox; and we are of opinion that no time should be lost in taking such measures as the emergency of the case imperatively demands.

CORNELIUS STEWART, L.F.P.S.,

President.

W. CROOKE, M.R.C.S., England,

Vice-President.

FREDERICK LLOYD, Lic. Med. and Surg.,
Hon. Secretary.

J. DE LA R. BRAGGE, M.R.C.S.,
Health Officer for the district
of Hawthorn.

WM. GREGORY, M.R.C.S.,
Health Officer for Richmond.

GEO. MOORE, M.R.C.S.L.

These gentlemen at once waited on the Chief Secretary, the Hon. Mr. McCulloch, who promised that a commission should be immediately appointed to investigate the matter. Dr. Lloyd suggested that some of the members of the association should be placed on the Commission. Mr. McCulloch observed that it would be scarcely advisable to appoint gentlemen who had given an opinion. Two members of the association, Drs. Stewart and Crooke, were ultimately appointed to meet six other gentlemen, viz., Drs. M'Crea, Motherwell, Pugh, Thomas, Barker, and James.

THE GOVERNMENT COMMISSION TO INVESTIGATE THE DISEASE NOW EXISTING IN THE IMMIGRATION HOSPITAL.

A Commission composed of the following Medical gentlemen, was appointed by the Chief Secretary, viz.:

| | |
|--------------|------------|
| Dr. M'Crea | Dr. Barker |
| „ Motherwell | „ Crooke |
| „ Pugh | „ James |
| „ Thomas | „ Stewart. |

to inquire into and determine the nature of the diseases of four patients now under treatment, in the Immigration Hospital, Bourke-street west. The Commission met at 4 p.m., on Saturday, Jan. 9, 1869.

Dr. M'Crea took the Chair. After each gentleman had inspected the cases, it was moved by Dr. Thomas, seconded by Dr. Pugh, "That each member be requested to state, without comment, the nature of the disease, refraining from discussion till that opinion was expressed."

Dr. Crooke is of opinion that the cases are all small-pox.

Dr. Stewart has not a doubt of them all being being small-pox.

Dr. Barker regards all the cases as chicken pox; the pustules being almost all without any central depression.

Dr. James views three of the cases as aggravated chicken-pox; but is of opinion that the boy has small-pox.

Dr. Thomas is doubtful regarding three of the cases, whether they are chicken-pox or small-pox, but is certain that the fourth case is small-pox.

Dr. Motherwell wishes to express an opinion equally strong as that advanced by Dr. Stewart, that there is not one of them small-pox. That they are all aggravated cases of chicken-pox. That he

is at the present time attending one of Dr. Youl's children,* who is as bad as the lad—the other children of the same family having had an attack of that disease.

Dr. Pugh is of opinion they are all cases of chicken-pox.

Dr. M'Crea has no doubt that they are all cases of chicken-pox. Denies that any of the pustules are umbilicated or confluent.

On the following Tuesday, the gentlemen forming the Commission again met. The result being, that Drs. Thomas, Barker, Motherwell, James, and Pugh, all gave the same opinion regarding the disease, and in the same words; and also stated that the place was suitable, and that the patients ought not to be removed, as removal would be dangerous; Drs. Crooke and Stewart gave their opinion that the place was altogether unsuitable. The former stating that the patients decidedly ought to be removed; the latter, that it might be hazardous to some of the patients to remove them. Dr. Pugh considered that the place was not suitable for an hospital.

[* Why were these children not removed to the Immigration Hospital?—Ed.]

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: SATURDAY, JANUARY 30, 1869.

ALTHOUGH the object for which the Victorian Medical Association has been initiated, and its organ, the *Australian Medical Gazette*, established, has already been explained in our prospectus, we deem it necessary to offer a few prefatory remarks in this place upon the subject; and if in doing so we are forced to animadvert in somewhat harsh terms upon the course of conduct lately pursued by a few medical men in this city, it will be for the reason that we consider it our duty to ourselves and to the profession to express clearly and unequivocally our disapprobation of such conduct. If we blame, however, it shall be done rather in sorrow than in anger; and we sincerely hope that a task so disagreeable and painful may not again fall to our lot, but that we may be constantly called upon to pay our tribute of respect to the worthy and meritorious, and this we shall always gladly and willingly do, for it is all times much more agreeable to praise than to censure.

The primary and principal object of the Association is the advancement of medical science; and that such must inevitably tend to public advantage no one for a moment can doubt; for with the increase of medical skill and knowledge must, of necessity, be the decrease of human suffering and all those ills that flesh is heir to. Science has made rapid and gigantic strides in all the civilized countries of the world. Can it be said that it has progressed here. Where are its footprints by which we can trace it? They are nowhere to be found: and although we *are* on the eve of a great discovery, so far at least as snakebite is concerned, we are none the wiser to-day than we were before poor Drummond's death. Now, however, that the Victorian Medical Association has come into existence, and that a broader field of medical science will be cultivated, this and other questions in dispute shall, we trust, be decided and the public mind set at rest. It may be said, in speaking thus, that we promise too much on behalf of the Association, but we are satisfied that we do not, and believe we will see the time when not only the profession in this colony, but the entire population of Australia, will admit the wisdom that initiated such a society, and acknowledge with gratitude the services rendered by it to humanity.

But whilst devoting its energies to the development of medical science, the Association cannot be blind to its own welfare by suffering the rights and privileges of the profession to be encroached upon by any individual—no matter what his official position may be—who would make it a mere stepping-stone to personal aggrandisement.

That there are members of the faculty who would act so, the recent proceedings of the coroner are, we think, sufficiently strong proof, for when that gentleman suggested the appointment of a Government Pathologist, though he may have been actuated by the purest motives of friendship, he evinced very little respect for his profession, and no consideration for its members, with the one fraternal exception. And if the majority of the profession have dealt severely with Dr. Youl and his protégé, they have themselves to thank and are deserving of no sympathy whatever.

We never could see the necessity for a Government Pathologist, and have opposed, and ever will oppose, the appointment; and putting aside altogether the professional

element involved in the question, we maintain, that in the interests of public justice, it should never be made. Who can tell into what hands it might, at a future period, chance to fall? Are there not to be found in almost every walk of life men so utterly destitute of all moral rectitude and principle, and so greedy of wealth, that gold would tempt to a more enormous crime than the suppression of the knowledge of guilt obtained in their official capacity. This is, we believe, the strongest argument which can be advanced against the appointment of a Government Pathologist, and though it may be scouted by some, we shall, nevertheless, adhere to our opinion, and trust that the Minister of Justice will admit the force of our reasoning by—no matter what influence may be brought to bear—never creating the office. That such an office would at present be in existence there is little room to doubt, were it not for the prompt and energetic steps taken by the gentlemen now forming the Victorian Medical Association; and for this one act alone they deserve the cordial and grateful thanks of the whole profession and those of the general community.

In this instance alone we have a strong proof with what jealousy the Association will guard the rights of the profession, and that it will continue to do so there need be no doubt, for such shall be one of its chief objects. By thus discharging what it must consider a sacred duty, the Association will perhaps make enemies, and this it will always regret, for, so far from wishing to create ill-feeling and dissension, its most ardent desire is to foster goodwill and unanimity among the members of the profession. And we most sincerely hope that all petty dislikes and jealousies, with those bickerings and jarrings, which are calculated to bring us into public ridicule and contempt, may cease, and that, for the future, higher and nobler feelings will animate us. A house divided against itself cannot stand. Let harmony and concord, therefore, subsist amongst us; and, as we have embarked in the same boat, which, heaven knows, is large enough for all, let every man faithfully discharge his duty and pull his oar *honestly and fairly*.

We have said all that we thought necessary to say here, and now request the attention of our readers to the President's inaugural Address, a condensed report of which appears in another page.

With these few introductory observations, we beg to present to our readers not only in this but in every Australian colony, the first number of the *Australian Medical Gazette*, the organ of the Victorian Medical Association, and the exponent of its opinions.

SNAKE POISONING.

*Est utique ut serpens hominis contacta salivâ,
Disperit, ac sese mandendo conficit ipsa.*—LUCRETIVS.

WHILE we, in the pride of superior knowledge, laugh this legend to scorn, do we not see in the present day ideas as monstrous and absurd entertained on the theory and treatment of snake poisoning? Have we then advanced to a more certain and scientific method of killing the snake, but not to a better means of curing its bite, than was known to the ancients?

If this be indeed fact, we must confess ourselves placed in a position as surprising as it is humiliating; for we know that men of superior gifts and attainments have been labouring diligently in this field of observation during a great part of the present century. And if the results be so very meagre, we are forced to conclude that difficulties of unusual magnitude surround their undertaking. Nor should we despise each small instalment of knowledge because it arrives after long intervals of time—nor be ungrateful to those who devote themselves to their collection.

At first sight one might feel astonished at seeing so many labourers engaged in so unproductive a field, but there is a peculiar glamour, so to speak, about the subject—a blending together of the horrible, the marvellous, and the deadly—that attracts while it appeals; the moral counterpart of that strange fascination exercised by the serpent itself upon its victims.

As might have been anticipated, we find that Europe as a whole has not taken a leading part in these investigations; while America, Asia, Africa, and our own Continent, all abounding in poisonous snakes, have furnished (from time immemorial) their thousands of different antidotes and charms. The European, settling in these parts, and bringing with him the knowledge and enlightenment of his age, found himself suddenly confronted with a grave danger, and, acknowledging his ignorance for once, ac-

cepted with gratitude the long-used medicaments of the country. It appears, too, that his confidence was in many instances rewarded, and thousands of valuable lives in all have been undoubtedly saved by the simple remedies of the "savage." When, however, great empires came to be established, national vanity asserted its rights once more, and the *nostrums* of the white man soon routed the simples of the native. Experience has nevertheless proved that, in most instances, we have gained but little by the victory; and, as the world is constantly repeating itself, so we find that, in later times, the despised native remedies have once again come into favourable notice. As a single example of this, may be mentioned the recent employment of several species of *Aristolochia* (*A. bracteata*, *A. tomentosa*, etc.), with singular benefit. The following case in point is extracted from a reliable source, and is only one of many:

"A young Hindoo woman was brought to my door in a 'charpoy,' or litter, in a state so apparently lifeless from a snake-bite, that I had no hesitation in refusing to prescribe. An officer who was on a visit at my house at the time considered the woman beyond the power of human relief, and advised me to send her away, as my failure would bring discredit on a remedy which was attracting public notice. In this instance the patient was as cold as marble; there was no pulsation; countenance death-like. The woman's husband manifested great distress at my refusal, at the same time urging that, as the remedy had been prepared, I might, at any rate, give his wife the chance of recovery. I explained to him my motives, and my firm belief that his wife was dead long before he had reached my door. However, rather than add to his distress by persisting in my refusal, I forced her jaws open, and poured down her throat three medium-sized leaves of the *Aristolochia indica*, reduced to a pulp, with ten black peppercorns, diluted with a graduated ounce of water. The remedy having flowed into her stomach, I directed her body to be raised and supported in a sitting posture, and with some anxiety, though without the slightest prospect of success, I attentively watched her features, and in the course of eight or ten minutes I observed a slight pulsation of her under lip. I instantly directed her husband, with the aid of my own servants,

to drag her about, for the purpose, if possible, of increasing the circulation. Supported by two men, holding her up by the waist and arms, she was moved about, her feet helplessly dragging after her. After a lapse of a few minutes, I perceived an attempt on the part of the patient to use her feet. I accordingly directed them to raise her body sufficiently high to admit of the soles of her feet being placed on a level with the ground. In a few minutes she gave a deep inspiration, accompanied with a kind of shriek, manifesting the return of consciousness. This was followed by an exclamation, "A fire is consuming my vitals!" At this time her chest and arms were deadly cold. I immediately gave her the pulp of one leaf in an ounce of water, which greatly alleviated the burning sensation in the stomach. She was then enabled to explain the position of the wound on her instep, which had the appearance of a small speck of ink, surrounded by a light-coloured circle. I had the part well rubbed with the *Aristolochia*, after which she was able to walk without assistance.—*Routledge's Illustrated Natural History*.

Again, as another interesting example of the utility of native remedies, we subjoin an extract from a very valuable paper that appeared in the *Australasian* of the 5th December, 1868. This furnishes an account of the "Pills of Tanjore, an Indian preparation much in vogue for healing the bite of venomous animals:—"

| Tamil Names. | Latin Names. | English Names. |
|-----------------|---------------------------------|--------------------------|
| Nari Visham .. | <i>Erythronium Indicum</i> ? | |
| Sutira Nabi .. | <i>Ophioxylon Serpentinum</i> . | Opixylon of Serpents. |
| Aridalum .. | <i>Arsenicum Flavum</i> . | Yellow Orpiment. |
| Manosile .. | <i>Arsenicum Rubrum</i> . | Arsenic Realgar. |
| Kipashana .. | <i>Arsenicum Album</i> . | White Oxide of Arsenic. |
| Panjum Palai .. | <i>Aristolochia Bracteata</i> . | Floral-leaved Birthwort. |
| Marukaranka .. | <i>Gardenia Dumetorum</i> | Emetic Nut. |

"An equal portion (in weight) is taken of each of these ingredients, which are mixed and pounded for three hours in betel juice (betel leaves). A little 'gangi' is then added, and pills are made of the size of a grain of *Dolichos catiangu*. One or two are taken in the juice of betel leaves. At least three may be given."

Then follows an account of one of many

cases of cure—that of a woman bitten by an “enormous cobra:”

“She was brought to me about three-quarters of an hour after the accident. A ligature had been attached above the wound. The leg was much swollen, but the woman did not suffer violent pain, though there was sensible numbness and weakness in all the body. She seemed stupefied and dull, her responses being slow, but, as I did not know her, I supposed this to be her ordinary character. I made her take twenty drops of ammoniac in about an ounce of water, and cauterised the wound with ammoniac, as I shall mention hereafter.

“Perceiving nothing extraordinary, I left the woman in my verandah, and went to supper. Scarcely had I sat down when I was told that the woman had experienced shiverings and tremblings. She then lost all consciousness, though I was not told of this till I finished my repast and returned to visit her. I found her insensible, the head bent to the stomach, the teeth firmly closed, and the extremities of the limbs cold. I then thought that all was over, and took out my watch to see exactly in what time she would expire. Being desirous, however, not to have any ground to reproach myself with, I got her jaw opened by two men, and made her swallow a pill with a little betel juice. Ten minutes afterwards, not observing any change for the better, I broke a second pill in betel juice, and tried to make her swallow it. But the pill, thus broken, seemed to stick in her mouth, so that I took at once a third pill, which I got slipped down her throat with a little juice of betel leaves. In about two minutes the woman sighed, and after a few moments she seemed to open her eyes. I then ordered two men to raise her up, and make her walk. She was thus forced to move about ten paces. She then opened her eyes widely, and looked round with a vacant air. I told the men to let her move cautiously. She supported herself with difficulty, and at my request returned to me slowly and staggering. She then asked what had happened to her, and seemed to recover her senses perfectly. During the night she vomited twice, and the next morning returned home perfectly well.”

If, then, these accounts be correct, which there is no reason to doubt, we must acknowledge that none of our modern cures surpass or

even equal them, while many of our nostrums, forms, and manipulations, have been proved absolutely worthless, or even dangerous in their employment. It must, however, be admitted, on the other hand, that native medicines have been often found to fail, and that some of them are as useless and contemptible as the incantations with which they are accompanied. Yet, in reviewing this subject, and comparing the past with the present modes of treatment, it is very necessary, for the discovery of truth, to compare the failures and successes of the old with those of the new regime.

[TO BE CONTINUED.]

Original Articles.

NOTES OF A CASE OF SUCCESSFUL TREATMENT OF SNAKE BITE.

BY JAMES P. MURRAY, M.R.C.S.I., M.K., AND Q.C.P.I.L.K.,
(Late Resident Surgeon to the Hospital and Benevolent Asylum,
Melbourne, &c., &c.)

JAMES DUNLOP, a healthy labouring lad, aged fourteen years, residing at Cheltenham, was bitten, on Sunday, January 3rd, by “a large snake.” The boy, to give his own history, was kneeling by a log which concealed the snake, when (aggressing) it struck out, and fixed upon the inner and lower half of the left thigh—a place directly on the track of the large superficial vein and absorbent of the leg. The boy had on a pair of thin, worn-out moleskin trousers. The bite felt like “the prick of a needle.” About five minutes elapsed before the boy reached home, whither he was able to run, although feeling “faint and giddy.”

Mr. Tootle scarified the thigh all around and through the snake bite, the locality of which was revealed by a small clot, about a quarter by an eighth of an inch in size; these wounds bled freely. A ligature was then applied above the part, and the boy was dosed with brandy containing alum. The prostration was now extreme, and the vomiting incessant.

During a journey of nine miles, while being conveyed to my house, the symptoms became worse, notwithstanding the constant administration of brandy and alum, which was rejected almost as soon as swallowed.

9.15 a.m., January 3rd.—First saw the boy. He was just able to totter into my surgery when well supported. The surface of his body was cold; countenance pallid and ghastly, the eyes and mouth being half open; pupils enormously dilated and fixed; respiration feeble, and sighing;

pulse small, tremulous, and fluctuating, rapid and difficult to count—perhaps 130 in the minute, and of the strength of an infant's. Wound covered with coagulated blood; a slow oozing was also taking place down the leg. Mental faculties clear when roused; capable of narrating the leading circumstances of the accident.

From 9.15 to 11.30 a.m. the following symptoms were present:—Constant vomiting, in the beginning, at intervals of about a minute; everything being returned directly it had been taken, and bilious retching obtaining when the stomach was void of *ingesta*.

Pupils permanently dilated.

Slight muscular palsy, manifested by the shuffling gait and tremor.

Treatment.—*Local*—Wounds well washed with strong liquor ammonia and brandy, three or four times. A tourniquet was also applied above, and screwed very tightly.

Constitutional—Ten drop doses of strong liquor ammonia, well diluted, at ten minute intervals; brandy, in half wineglassfuls, at similar times. Enforced exertion in the open air.

Finding that the administration of liq. ammonia invariably brought on vomiting, I gradually substituted brandy in its stead.

The tourniquet was kept very tightly screwed until reaction began to set in, when a new principle of treatment was adopted, as will be seen by the following extract from my note-book.

11.30 a.m.—Dessert spoonful of brandy given in a little water. Tourniquet loosened for a moment on the administration of this stimulant, and instantly tightened again. I was induced to commence this manœuvre by the state of the pulse, which was now 108, and good, and the state of the skin, which was becoming warm (certain signs of reaction, and for which I thought it advisable to wait). The principle is this:—"You have ten men to fight, and you open the door wide enough to admit one at a time. So much of the venom as your local treatment leaves in the tissues has to be admitted to the general system sooner or later. We arrange to let it in, a little at a time, and are thus enabled to fight it in detail."—*Dr. S. Weir Mitchell*.

12. 15 p.m.—Strong tea and coffee were given for the first time, with marked beneficial effects. From this hour until two o'clock on the following morning (when I considered him out of danger) he partook of large quantities of these infusions, and at twelve o'clock (midnight) I substituted them for brandy.

6.30 p.m.—Pupils still inactive, pulse 108, surface warm, muscular tremor, which was scarcely noticeable at first, now became very evident.

2 o'clock, a.m., January 4th.—Pupils smaller,

and *contractible*. Leg very painful from congestion. Loosened tourniquet.

From this time the boy gradually but steadily progressed—and I find from my notes that the pupils became smaller and more contractible each hour, and the pulse fell gradually to seventy. Vomiting soon ceased when the ammonia was withheld. The cure occupied about twenty hours.

REMARKS ON THIS CASE.

(1.) A solution of alum in brandy did no good. It may, however, have done harm by increasing nausea (which is so depressing) and vomiting.

(2.) The application of strong liquor ammonia to the wound caused it to bleed freely, which may be beneficial as a local agent, but in the face of such bleeding it is difficult to see how an argument can be set up for the absorption of ammonia when applied in this manner. I am aware that Shires, whose antidote is composed of liq. amm. and tinct. of iodine, insists on it being "*rubbed in*," and some of his followers have pursued and recommended the same plan. Can it be that they believe in the possibility of absorption?

(3.) A piece of sesquicarbonate of ammonia thrust deeply into the wounds* caused them to bleed freely. Now, if there be any use at all in the local application of ammonia, plus its power of inducing hemorrhage, it appears to me that the solid sesquicarbonate is the best form to use,—because it is more portable, and can be thrust deeper into the wound, and because its porous nature causes it to *suck up* a certain quantity of the blood, thereby resembling in its action the Indian serpent-stone, of which Mons. Desaint says: "They (Indians) esteem, also, a porous stone called 'serpent stone,' which is reputed to absorb all the poison on being applied to the wound. I am acquainted with the composition of this stone, but I do not think it worth mentioning." It would be remarkable if it were an impure carbonate of ammonia.

(4.) The internal use of ammonia, even in small doses, well diluted, in this case caused vomiting almost every time it was given. It is possible, apparently, that when the stomach is thoroughly irritated, the administration of this old and valued remedy may be injurious.

(5.) Brandy was always retained in this case, unless when too diluted. Dessert-spoonful or table-spoonful doses, given at intervals of from ten to forty minutes, did much towards recovery. It must be remembered that the total quantity given in this case did not exceed four wine-glass-

* By wounds I mean not only the fang puncture, but those inflicted by the surgeon.

fuls—the “little and often” plan appeared to answer best.

(6.) Tea and coffee in large quantities did great service in rousing the pulse and restoring the heat of the skin and checking somnolency. In the absence of other stimulants, these infusions might save life.

(7.) Enforced exertion, conversation, &c., &c.; checked somnolency, as in opium poisoning.

(8.) External heat aided materially in inducing reaction.

(9.) The boy was not permitted to sleep until the pupils became sensible.

(10.) The inhalation of ammonia vapour appeared to act beneficially.

Medical Annotations.

THE IMMIGRATION DEPOT HOSPITAL.

THIS establishment having lately attracted the attention of the public and the profession, it may be useful to such of our readers as are unacquainted with the locality to give a short description of the institution and its surroundings.

This so-called hospital is situate near the end of Bourke-street west, on its northern side, about the centre of the block bounded by Bourke-street, King-street, Spencer-street, and Little Bourke-street. This entire block is thickly built upon, being one of the oldest portions of the city; exceedingly ill-drained, and worse ventilated, having a number of thickly-inhabited, crowded rights-of-way; the entire soil reeking and saturated with decaying animal matter, excrementitious and otherwise, in almost every stage of decomposition.

Shamrock-alley (several of whose inhabitants have been struck down with small-pox), forming the eastern boundary of the hospital, may be correctly described as one of the narrowest and most densely populated places in the city. So much for the immediate locality.

The hospital itself consists of a one-storey, four-roomed, bluestone cottage, having low attic apartments in the roof, with kitchen and out-offices in the rear. During our recent visit, one of the small-pox patients was found occupying an attic apartment, the highest part of its ceiling being about seven feet, and the lowest two feet six inches from the floor. In the rear of the premises, a shed adjoining the kitchen contained several tons of earth closet night-soil, within a few yards of the apartment occupied by one of the small-pox patients.

From the preceding description, the conclusion forced on the most casual observer must be, that

this officially much lauded establishment is wholly unsuitable for the reception or treatment of any form of infectious or contagious disease; and it is much to be regretted that some members (although, perhaps, their experience of small-pox may be limited) of the late small-pox commission, whose professional reputation ought to stand deservedly high, should, through any motive whatever, have lent the influence of their names to maintain the suitability of this wretched makeshift hospital for the treatment of disease, and have thereby given the public just cause to sneer at, and ridicule all medical opinion on questions of hygiene and sanatory science, more especially as the Government authorities now admit the wisdom and correctness of the opinion of the minority of the late commission regarding the total unsuitability of this place for the treatment of disease, by removing its inmates even at the eleventh hour, and shutting up the place.

HISTORY OF SOME OF THE CASES OF SMALL-POX TREATED IN THE IMMIGRATION HOSPITAL.

It may be observed that, on the 27th of November, a man of the name of Webster was admitted from the Melbourne Hospital, and died of confluent small-pox on the 4th of December. He is stated in the Hospital Register to have been seized with the premonitory symptoms on the 20th of November. The rash appeared on the 25th, and on the 28th it became confluent. On the 4th of December he died.

On the 14th of December a man of the name of Bissel, who had taken the disease from the last patient, was admitted. He was also suffering from dysentery and consumption. He died on the 15th.

The bed brought with the first patient from the Hospital was burnt on the day he entered.

The third patient, a married female, aged 30, of the name of Blair, was looking over the Hospital fence when the bed was burning. She was first taken ill on Monday, December the 14th, with headache, pains in the limbs, chills and heats, and vomiting. The rash appeared on the fourth day, first on the face, then on the neck and the arms. To-day, January the 10th, on her arms, there are distinct cicatrices, such as are seen when the scab falls off in small-pox. On the face there is a papular-like eruption, of the size of split peas, with scarcely any pustular heads, and but a very feeble trace of depression on two or three. Some of the papulæ are recent. The vaccine cicatrix is well marked in two places. She states that she was vaccinated when two years of age. The papular eruption is not unlike the secondary eruption sometimes seen in small-pox.

Fourth.—Thomas M'Taggart, aged 28, brother

to the last case, residing in the same house, at the back of the Hospital. He was seized on the 2nd of January—three weeks after the rash appeared on his sister—with pains in the head and stomach, and on the second day the rash appeared in small, reddish pimples, less in size than split peas. Now a few of the pimples have pustular heads, but the central depression is wanting. The rash first appeared on the face, then on the whole body. It disappeared, but returned after he had taken an emetic. He was vaccinated when twelve months old, and there are two large cicatrices on the arm, of the same size as on his sister. He was vaccinated by Dr. Knaggs a fortnight before he was taken ill; but it did not, he says, take very well. The characters of small-pox are less marked in this case than in the other.

Fifth.—Male, aged 17. Resides in the same lane, five doors from the last cases, but on the opposite side. Was taken ill on the 25th of December with pains in the head and back, and a feeling of sickness; the rash appeared on the 1st of January, first on the face and hands. Now the face, hands, arms, back, legs, and soles of the feet, are covered with pustules. The pustules on the arms and legs have the peculiar depression in their centres, characteristic of small-pox. His body exhales the peculiar smell which attends the disease in the pustular stage. He was vaccinated when a child, but the marks are rather indistinct. This is a well marked case of the distinct form of the disease bordering on the confluent form, and such as is often met with when vaccination has not been effectually performed, or when it has lost its power.

Sixth.—Mrs. Douglass, aged 50 years, from the same lane as the other three cases. She was taken ill on Saturday, the 2nd of January, with headache. She is rather reticent. The rash appeared on the Tuesday, first on the face. Now the eruption is most strongly marked on the face; it presents the peculiar pearly aspect of the second stage, and it runs together forming a confluent mass on the breast and arms; it is smaller, and is still papular, and feels like shot under the skin. The colour of the papulæ is purplish. She states that she was vaccinated when nine years of age, but the marks, as on the lad, are very indistinct. In this case the disease is more confluent than in the lad, and closely resembles in all its features the disease as it is met with in the large towns in England, among elderly persons. It only wants to be a little more severe, to end fatally.

We do not think that any man who has practised in the large towns in England or the Continent could have any hesitation in declaring the lad and the elderly female to be suffering from small-pox; in the brother and sister's cases, had there been no small-pox in the neighbourhood,

there might have been some doubt; but the marks on the arms of the female are decidedly those left after the small-pox scab falls off.

[We stop the press to announce the death by small-pox of two patients at Greensborough, Feb. 1st.]

DEATH AND RAIN.

RAIN, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhœa, cholera, and typhoid fever would be likely to be greatly lessened by a copious rainfall. Dr. Trench, the medical officer of health for Liverpool, has satisfied himself by a series of careful observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infantile summer diarrhœa. To the same effect are the tables given by Mr. Macpherson, illustrating the relation of moisture to the mortality from cholera in Calcutta. According to the tables, the least mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months. An interesting contribution to the determination of the relation of rainfall to mortality is to be found in the *Builder* of November 24th, by Mr. G. A. Rowell. We subjoin the statement of Mr. Rowell, which, it will be seen, refers to Oxford:

From 1857 to 1865 (both inclusive) there have been seven years in each of which the rainfall at Oxford has been plus or minus the annual average of the whole period by at least four inches; and the following table will show how erroneous the opinion is that Oxford is rendered unhealthy from its low situation, and from its neighbourhood being liable to floods:

| Rain per cent. in excess of average. | | | | Death-rate in Oxford per cent. below the average. | | | |
|--------------------------------------|----|------|----|---|----|------|--|
| 1848 | .. | 20.5 | .. | .. | .. | 4.8 | |
| 1852 | .. | 39.8 | .. | .. | .. | 8.3 | |
| 1860 | .. | 12.2 | .. | .. | .. | 5.6 | |
| Rain per cent. below the average. | | | | Death-rate per cent. in excess of average. | | | |
| 1851 | .. | 16.2 | .. | .. | .. | 10.9 | |
| 1854 | .. | 32.7 | .. | .. | .. | 86.6 | |
| 1864 | .. | 18.6 | .. | .. | .. | 9.4 | |

In 1858 both rainfall and death-rate were below the average, the per centage being:

| Rain. | Death-rate. |
|-------|-------------|
| 16.2 | 10.4 |

During the last four quarters—i.e., from September 30th, 1865, to September 30th, 1866, the rainfall in Oxford has been 84 9.10 per cent. in excess of the average of the nineteen years, and the death-rate has been 15 6.10 below it.

The last quarter's death-rate in Oxford was only 14 in 1000 persons. This rate is unusually low, but it is not unfairly affected by the University, as the census in 1861 was taken during the Easter vacation.

It is obvious that a great deal more of detail is necessary, in reference both to the meteorology of these various years and to their mortality, in order to give precision to any conclusions. But Mr. Rowell's statement shows one thing, at least—that you may have a very high mortality with a very low fall of rain, and a low mortality with a very great excess of rain. The high mortality of 1864 was due, if we are rightly informed, to cholera. It is interesting to notice that in that year the rainfall was 32·7 per cent. below the average, while the mortality was 36·6 in excess of the average. It is quite probable that the comparatively small mortality from cholera this year, with which hitherto we have escaped, is due to the excessive rainfall of the summer and autumn months. We congratulate Oxford on a death-rate of 14 in the 1000 in the last quarter.—*Lancet*.

PRESENTATION OF A TESTIMONIAL TO MR. D. B. REID, OF THE GEELONG HOSPITAL.

MEDICAL men have anxieties enough to contend with in the daily exercise of their profession, without being exposed to attempts on the part of patients, who may fancy they have a grievance against them, to actions for mal-practice.

Dr. Reid has been lately exposed to a vexatious action for "negligence," by a patient who had been under his care in the hospital. How the attempt to injure an over-worked hospital surgeon has been met, the following extract from the *Geelong Advertiser* will show:—

"The members of the sub-committee appointed by the Reid Testimonial Committee to present the testimonial and address, met at the hospital, for the purpose of making the presentation. The whole of the sub-committee, consisting of the Very Rev. Dean Downing, the Rev. Astley Cooper, Dr. Carstairs, Mr. R. de Bruce Johnstone, and Mr. Middlemiss, the hon. treasurer and secretary, were present, and also a number of other friends of Dr. Reid. The testimonial consisted of 525 sovs., contained in a very handsome silver cup standing about sixteen inches high, which is to have the following inscription on it.—'Presented, with 525 sovereigns, to David Boswell Reid, Surgeon, by the people of the Geelong and Western District of Victoria, 31st December, 1868.' Mr. Johnstone was voted to the chair, and Dr. Reid, having been invited into the committee-room,

"The CHAIRMAN, addressing him, said—'Dr. Reid, as chairman of this committee, it is my pleasing duty to inform you that your friends, of whom you have a great many in the town and district, having thoroughly examined and investigated the alleged charges against you, both in committee and from the proceedings in the

Supreme Court, have come to the conclusion that they were groundless, frivolous, and vexatious. As they are aware that you have been put to great expense in the case, they have determined that a sum should be raised by voluntary contributions for the purpose of presenting to you, as an earnest of their desire to bear a portion of the expense incurred, feeling that it would be wrong to allow you to be at the whole cost.

Mr. Middlemiss, the hon. treasurer, then read the following address:—

"To David Boswell Reid, Esq., Resident Surgeon of the Geelong Hospital, Geelong, Victoria:

"DEAR SIR,—At a public meeting, held at the Mechanics' Institute, Geelong, on December 4th, 1868, every class in the community being represented, it was unanimously resolved to give tangible expression to the sympathy existing for you with regard to the late action in the Supreme Court, of *Barnett and Wife v. Reid*, for damages for alleged neglect in the treatment of the female plaintiff while a patient under your charge in the Geelong Hospital; and a committee appointed to raise a fund towards defraying the expenses to which you were put by the vexatious proceedings of the parties in the action, which, though they did not result in a verdict against you, must have entailed a very considerable expense. The result of the appointment of the committee has been a very marked and practical expression of sympathy as shown by our now being deputed by them to present you with a cup of considerable value, containing five hundred and twenty-five sovereigns, which amount has been subscribed in less than three weeks. As you will perceive by the lists of upwards of one thousand names, which will be presented to you, the sums subscribed vary in amount from sixpence to fifty pounds; and while it cannot but be highly gratifying to you to know that you possess the confidence and sympathy of those who are enabled to contribute sums which indicate affluent circumstances, we feel assured that the fact of there being upwards of 700 contributors to the fund, of sums under five shillings, must be peculiarly gratifying to you as expressive of the sympathy and confidence of that class who have been benefited by your skill and attention as resident surgeon of the hospital. Had time permitted, and a canvass been made for the working classes, there is no doubt whatever, from the known feeling that exists amongst them, that the lists might have been very greatly augmented. But as it is, being purely spontaneous and voluntary, it as perhaps as strong an expression of feeling in your favour as is possible. We trust that God will long spare you to exercise those great talents with which he has endowed you, and that you may as long continue to enjoy the confi-

dence and esteem of your fellow citizens of every class :

"And in the name of the committee we subscribe ourselves,

"Yours very sincerely,

"ASTLEY COOPER, Clergyman of the Church of England ;

"ROBERT DE B. JOHNSTONE ;

"MATTHEW DOWNING, Catholic Priest ;

"J. G. CARSTAIRS, M.D. ;

"JOHN MIDDLEMISS, Treasurer."

The Chairman, presenting the testimonial, said : "I have now the honour, on behalf of the contributors, to beg your acceptance of this testimonial—not as a gift to yourself merely, but as an earnest of their desire to participate in the trouble and expence to which this vexatious action has put you."

Dr. Reid, in reply, said :—Gentlemen,—Your kind recognition of my conduct as Surgeon of the Hospital is far beyond anything that I could ever have looked for. During the nine years it has been my fortune to live among you, it has been my constant and earnest endeavour to do my duty honestly and well ; but your kindness vastly transcends my deserts. I am unable to do justice to your generosity. It is very reassuring to be supported by those whose circumstances, education, and position are beyond the average, but, as you justly observe, it is peculiarly gratifying, under present circumstances, to be supported by those less fortunate. To the working classes and the poor of the district my thanks are specially due ; to them I originally owe my position, and I trust I may long retain their confidence. It will be my constant endeavour to prevent success being followed by carelessness, and I sincerely trust that with increased years and further opportunities of experience and observation, I shall be found still more useful to all classes of society.

ZYMOSIS WITH ESPECIAL REFERENCE TO CHOLERA.

By ARTHUR B. SANSOM, M.D.

THE author commenced by giving an outline of the theory of zymosis. In tracing the origin of infecting particles, we may, he said, divide them into two classes. 1. Those arising from the animal world, such as variola, vaccinia, pyæmia ; and 2, those arising from the vegetable world, as favus, thrush, and, if we are to believe a large mass of scientific evidence, diphtheria, ague. But, whether animal or vegetable, it cannot be determined with accuracy whether the actual *materies morbi* is, at the period of infection, the one or the other. It is best, under such circumstances, to call it "germinal matter." Dr. Sansom then related a series of cases which had occurred in his practice, all of which were united by close relations

of time, place, and circumstances, and in one of which the "*oidium albicans*," was discovered as a prime factor in the disease. The author then discussed the operation of disinfectants. He divided them into three classes: 1, those which alter the chemical constitution of the *materies morbi*, such as chlorine and iodine; 2, those which act partly chemically and partly vitally, such as the sulphites; and 3, those which act only on organised material, arresting vitality, such as carbolic acid. The treatment of zymotic disease by the internal administration of the sulphites was then considered, and forty one cases were brought forward in which they had been employed, and in which one death only occurred. The facts seemed to be that the sulphites are the most easily absorbed of our internal antiseptics, but that carbolic acid is the most powerful. The author concludes by saying that the great desideratum was a salt which should combine the two; this desideratum Dr. Samson has succeeded in fulfilling, and specimens of compound salts—the sulpho-carbolates—were exhibited to the Society.

ALCOHOLIC RHEUMATISM FROM DAILY IMBIBITION OF FERMENTED ALCOHOLIC LIQUORS, AND ITS REMEDY.—About thirty years since, Mr. Higginbottom first noticed that a form of (so-called) rheumatism was cured by abstaining for some time from the use of fermented alcoholic fluids. He said at that time that the complaint should not be called rheumatism, but alcoholism, as alcohol produced the disease, and abstinence from alcohol was the remedy. Mr. Higginbottom maintains that:—1. Alcoholic rheumatism is the result of a distinct cause. 2. It is produced by drinking fermented alcoholic beverages. 3. It is slow in effecting a marked visible change in the system. 4. It does not usually appear before middle life. 5. Its effects are produced by the accumulation of the fermented alcoholic fluids taken into the system. 6. It causes stupidity, stiffness in the body, hobbling gait, and ultimate lameness. 7. It causes changes of structure, producing chronic alcoholism. 8. The remedy is abstinence from the use of all fermented alcoholic drinks, and taking vigorous exercise in the open air.

Books Received.

Australian Snake Bites : Their Treatment and Cure.
By J. BERNCASTLE, L.R.C.P., M.R.C.S., AND L.A.C., London. Melbourne: Mason, Firth, and Co.

Dr. Berncastle having devoted his attention for a number of years to snake bite and its cure, may now be considered an authority on the subject.

Having perused his unpretending little pamphlet, which contains, in a popular form, all that is practically useful for the successful treatment of snake poisoning, we can honestly recommend it to residents in snake infested districts.

Correspondence.

THE Editor particularly begs it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

WHITE CORPUSCLES IN THE BLOOD IN SNAKE-POISONING.

"ANOTHER NEW DISCOVERY."

To the Editor of the *Australian Medical Gazette*.

SIR—The enclosed extract, translated from the 12th edition of Nysten's "Dictionnaire de Médecine," etc., édité par Littré et Robin, Paris, 1865, page 1377, article "Serpens," will not, I hope, be without interest. This work of Nysten's was first published twenty years or more ago.

Brainard, of the State of Illinois, in causing pigeons to be bitten by the rattlesnake, found—

1st. Change in the shape of the blood globules, which approach to the spherical form.

2nd. A large number of white corpuscles, which are grouped together in nipple-shaped masses.

3rd. Absence of coagulability or of contraction of the fibrine; hence liquidity of the blood in the cavities of the heart.

4th. In the mammalia, hemorrhage in all the mucous tissues, and patches on the skin.

I append the French, that your readers may judge for themselves.

En faisant mordre des pigeons, par le *Crotalophorus geminus* (rattlesnake) Brainard, de l'Etat du Illinois, a reconnu—

1°. Changement de forme des globules sanguins, qui se rapprochent de l'état sphérique.

2°. Abondance de corpuscules blancs se groupant en masses mammelonnées.

3°. Non coagulabilité de la fibrine ou contraction, d'où liquidité du sang dans les cavités du cœur.

4°. Chez les mammifères, hemorrhagées par les muqueuses, et taches petechiales sur la peau.

I am, Sir, yours respectfully,

M. R. C. S.

Jan. 11, 1869.

PAPERS intended for the *Australian Medical Gazette* are requested to be sent to the Editor, care of Messrs. OLABSON, MASSINA, & Co., 72 Little Collins-street East, Melbourne.

Medical News.

NAMES RECENTLY ADDED TO THE MEDICAL REGISTER OF VICTORIA.—James Jamieson, Warrnambool, M.D. 1862, Ch. M. 1863, Glas. Benjamin Clay Hutchinson, Chiltern, M.D. Edin. 1855. Thomas Elmes, St. Kilda, M.R.C.S. Eng. 1863, L.K. and Q.C.P.I. 1864. O. V. Lawrence, Melbourne Hospital, M.B. Melb. 1868.

NEW PUBLIC VACCINATORS.—William Barker, M.R.C.S., for the district of Wahgunyah; Thomas Lang, L.R.C.S., Ed., for the district of Donnybrook, Wallan Wallan, and Mickleham; Edwin Stanford Maxwell, M.R.C.S., for the districts of Seymour and Tallarook; J. D. Tweedale, M.R.C.S., for the district of Bullan, *vice* Mr Jopling resigned; James Joseph Goldie, L.R.C.S.E., for the Sunbury Industrial Schools; Dr. Knaggs, West Melbourne.

EXAMINER ON MENTAL PATHOLOGY.—Dr. Paley has been appointed Examiner on Mental Pathology, and the subjects connected with it, at the University.

HENRY CHARLES CURTIS, Esq., has been appointed Assistant-Surgeon to the Sandridge Naval Brigade.

THE usual weekly meeting of the committee of management of the Melbourne Hospital was held on January 27th; Sir James Palmer presiding. There were also present, Messrs. James, He. necke, Barker, Levy, Gibbs, and Hart. A report was read from the honorary medical staff on the subject of a letter referred to them from Professor Halford, relative to the appointment of a pathologist to the hospital. The document recommended the creation of the office and the erection of a room for the use of the pathologist, also the purchase of the necessary appliances. The chairman pointed out that before the committee went to any expense they ought, in his opinion, to have an assurance from Professor Halford that he would carry on his operations for two or three years at least without pecuniary remuneration from the committee.* If, after some time, the committee having expended a pretty large sum of money, Professor Halford thought fit to discontinue his observations on subjects at the hospital, the committee would be placed in a very unpleasant position. The matter was ultimately postponed for further consideration for a month; and, on the suggestion of Mr. Hart, the secretary was instructed to collect for the occasion all papers and reports bearing upon the subject.

[* Qy. Is not Dr. Halford already paid by the University for his services as pathologist?—Ed.]



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Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

DR. MILROY was a fellow medical superintending inspector when I was acting in the same capacity for the General Board of Health.

I shall, therefore, commence with his historical sketch, and afterwards give quotations from other authors, the evidence I collected on the subject of Quarantine for the Board, and other results of my own experience. I have deemed it more judicious to give the opinions of others on the subject, and support them by facts consistent with my own knowledge, rather than in the first instance to commence with my own.

I consider quarantine to be more likely to increase than to lessen danger from disease, imported or otherwise. The "Avondale" and the "Tornado" have not induced me to give the system more confidence, especially when the authorities can attempt to conceal the true nature of a contagious disease, in order to prevent the public becoming alarmed.

Prior to the early part of the last century, quarantine regulations were only temporary.

Before the successive visitations of plague in 1603, 1628, 1636, and 1665, it was not attributed by the best informed persons to a direct traceable introduction from abroad.

No special restrictions had been imposed by Government before their visitation.

The notions regarding it were directed rather to prevent the spread than the introduction of the disease. Therefore, they were directed more to intrinsic than extrinsic quarantine.

In 1684, an act was passed giving legislative force to orders from the Privy Council, in the preceding years, the chief provision of which was empowering justices of the peace to shut up infected houses (doors having been marked with a red cross) with all the inmates, sick and well, together, prohibiting, under severe penalties, ingress or egress for a certain time—generally forty days for one quarantine. Penalties also on all persons going about with suspicious symptoms or masks. In mild cases offenders were to be treated as vagabonds and whipped; but if an infected swelling or sore were found, they were to be punished as felons, and might be put to death. This arbitrary and irrational enactment met with strong opposition from many of the peers.

Plague ceased to appear in an epidemic form in England after the great visitation in 1665, and

altogether ceased after 1679, when deaths were no longer recorded.

The pestilence ceased in England, notwithstanding the continuance of it as an epidemic in various countries on the Continent, and the non-existence of any system of regular quarantine against it.

The Levant Company, established by Charles the First, possessing all the British trade with the Eastern shores of the Mediterranean, always affirmed, in their reports to their factories, that not a single instance could be adduced of plague having been ever brought to England through the medium of their commerce, and boldly challenged contradiction. Sir James Porter, long British Ambassador at the Porte in the early part of last century, went still further, for he says that plague had never been shown to have been introduced into this country, or into Holland, which had prevailed with great fatality in Turkey from any part of that country.

In 1750, the first quarantine legal enactment took place, intitled, "An Act to oblige ships coming from places infected more effectually to perform quarantine," was passed in the ninth year of Queen Anne. The Bill had been passed in consequence of an alarm by the prevalence of the plague in Poland, Dantzic, and other Baltic ports. It was very imperfect, and remained in force only a few years. Attention was again drawn to the subject on the great outbreak of the pestilence in the South of France in 1720-21, especially created consternation in many parts of Europe. Throughout the Pyrenees its ravages were frightful. The four towns of Marseilles, Arles, Aix, and Toulon, alone lost 79,500 of their residents.

Dr. Meade, at that time the leading physician in London, was consulted by Government, and drew up his well-known treatise on Pestilential Contagion. In accordance with his view, "A Bill for the better prevention of the plague being brought from foreign ports into Great Britain," became law. It was introduced into the House of Commons and received the Royal assent on the 25th January, 1821. Amendments and supplements were afterwards added; one to enable His Majesty effectually to prohibit commerce for the space of one year with any country that is or shall be infected with the plague. Dr. Meade's opinion was formed from what he had heard from others, what he had read, and what he knew of the malignant fevers among the poorer classes in England. He does not appear ever to have seen a genuine case of plague. He did not consider attendance upon the sick in clean and airy chambers to be accompanied with much risk. Yet he strangely thought that in some instances a military cordon should be drawn round a district to prevent the

diffusion of the poison. As to the quarantine restrictions, for preventing its introduction by arrivals from infected or suspected countries, he was chiefly guided by the reports of French or Italian writers, without reference to the opinions of our own physicians during the preceding century, when the disease was endemic in this country. The poison of the plague, as well as that of the small-pox, might, he thought, be spread in three different ways directly from the bodies of the sick—through the medium of fomites, or substances impregnated with the venomous particles, or by atmospheric currents charged with these particles and wafted to a distance. He attached much importance to the second of these modes, namely, to the transmission of infected goods, and therefore laid the chief stress on their purification by prolonged detention and aëration, as the object to be chiefly arrived at in quarantine. The crew and passengers might be landed immediately, if there had been no sickness during the voyage from the Levant, with the simple precaution of thoroughly washing their persons and airing their clothes in the lazaret. But if any case had occurred on board, or if the cargo should prove infected by giving the disease to anyone who had handled it, no precautionary measures could be too summary, even to the burning or sinking of the ship and the cargo, while the crew were strictly detained for a length of time in a lazaret.

The bill founded on Dr. Meade's views did not pass the legislature without considerable opposition in parliament and elsewhere, as well as from the profession. Several writers argued that, as it was admitted that the plague might be brought and admitted by the air, what defence could leper and pest houses prove in keeping it out of the country? "We may as well build a wall to keep out larks, as barracks to keep out plague." The city of London denounced the employment of force and compulsion in removing the sick from their dwellings, and in driving out and dispersing the unattacked inmates. And the Levant Company protested against the excessive rigour of the threatened interruption to commerce and intercourse upon most insufficient evidence.

But the most important remonstrance was that from the House of Peers; and as the document is noteworthy in a social as well as a public health point of view, it is given in full. Twenty peers recorded their protest against the powers given in the Act (1721) to remove the sick from their dwellings to a lazaret, or healthy person of an infected family, and also for the drawing of lines or trenches round any city, town, or place affected.

1. Because the powers seem to us such as can never wisely or usefully be put in execution, and because the very apprehension of a cordon round a city upon the least rumor of a plague would

disperse the rich, and by that means, as well as by hindering the free access of provisions, starve the poor, ruin trade, and destroy all the remains of private and public credit.

2. Because such powers as these are utterly unknown to our constitution, and repugnant, we believe, to the lenity of our free government.

3. Because, we take it, these methods were copied from France; a kingdom whose pattern in such cases Great Britain should not follow—the government there being conducted by arbitrary power, and supported by standing armies; and yet in that kingdom the powers exercised of late have been as unsuccessful as they have been unprecedented. So that no neighbouring state has any encouragement from them to follow so fatal an example. In the last plague by which we were visited (1665), though none of these methods were made use of, much less authorised, by parliament; yet the evil, however great, was kept from spreading itself into the remote parts of the kingdom; nor did the city of London, where it first appeared and chiefly raged, suffer so long or so much in proportion to the number of its inhabitants, as other cities and towns in France where these cruel experiments have been tried.

4. Because the greatest argument urged for the continuance of these powers specified in the question,—that they would probably never be put in execution with cases objected to—seems to be a clear reason why they should not be continued; for we cannot imagine why they should stand enacted unless they are intended to be executed; or of what use it will be to the public to keep the minds of the people perpetually alarmed with the apprehension under which they now labour; as appears from the petition of the city of London, lately rejected.

Within six months of the passing of this Act two vessels from Cyprus—at that time infected—having cotton and other goods on board, and which were dangerous to spread the infection, but without having any disease during the voyage or after arrival, were ordered by the Privy Council to be burned with their cargoes, at an expense of about £22,933, as satisfaction to the owners.

[TO BE CONTINUED.]

ON THE VALUE OF VACCINATION AND RE-VACCINATION, AS A PREVENTATIVE OF SMALL-POX.

In spite of the most stringent measures, epidemics of small-pox will break out from time to time; but they have certainly been very much checked, both in frequency and fatality.

Before the introduction of vaccination, small-pox appeared every eighteen months, and destroyed

thousands; and in some districts and towns it always appeared, as soon as the summer set in, and even since vaccination became common, these outbreaks have occurred—as men who entered the profession before vaccination became compulsory can testify—but limited to the badly drained and overcrowded back streets, where fever in its worst forms always existed. The present generation can scarcely conceive the fatality which attended an outbreak of this disease—the mortality being often as high as fifty per cent. In an epidemic which raged in Great Britain, in the middle of the last century, from seventy to eighty thousand died in a few months.

When vaccination was *voluntary*, the deaths in London were 16 in the 1000 of the deaths from all causes, and in Edinburgh 19; but in Glasgow the number was as high as 86, Limerick 41, and in all Ireland 49.

But in those countries where it was *compulsory*,—as for instance Westphalia—only 6 in the 1000 died, and in Lombardy and Venice 2 in the 1000. In France only 1 in 100 of those attacked with small-pox died; and in Austria, instead of the deaths being 1 in 17 of the deaths from all causes, they diminished to 1 in 7017.

With reference to re-vaccination, Jenner states in his "Essay on Cow-pox," published in 1802, that after a time persons became again susceptible to the vaccine virus. Gregory, Heim, and Marson have published very valuable observations on this subject. The first observes "that in many cases, when the interval between the first and second vaccination has not exceeded five years, the skin appears to be completely insensible to the virus; but at intervals exceeding ten years, it may produce considerable irritation in the parts vaccinated, and more or less constitutional irritation." This, it may be observed, is very liable to occur in young people and adults of an irritable habit of body, and particularly in those with a predisposition to either simple or phlegmonous erysipelas. The writer has known this to occur in healthy men—generally from the shirt sleeve irritating the vesicle—and in a young woman of drunken habits.

Gregory considers "that the great majority of cases of small-pox, occurring subsequent to vaccination, is in persons between fifteen and twenty-one." This statement is founded on the age of the cases admitted into the small-pox hospital. An examination of the books of the parochial medical officers and of the large dispensaries, would show that the liability is not greater at this period; but that the disease is severer, and the cases, therefore, more likely to be sent into the hospital, where they would receive better attention than they could possibly obtain at home.

Marson, in his very valuable paper, considers that the liability was greatest from the fifteenth to

the twenty-fifth year; less from the twenty-fifth to the thirtieth; and that after this time the liability was somewhat less, but that the number of deaths was twice as great. Of 695 cases of small-pox admitted into the hospital, 802 had been vaccinated in early life, 30, or 10 per cent. of the number, died.

Much stress has been laid on the value of the cicatrix, as showing how far it acts as a protective. Heim says that it is of no great value; for in 1055 cases of small-pox, he found the marks of vaccination were good in 914, and imperfect in 141; of 2718 persons, of different ages, he was called upon to re-vaccinate, 1322 had good cicatrices; in 65 per cent. of these the re-vaccination was successful; in 26 per cent. it was modified; it failed in only 9 per cent. In the 1134 cases with badly marked cicatrices, re-vaccination only failed in 18 per cent.

Gregory does not consider the state of the cicatrix of any value in determining the degree in which an individual is protected.

A large number of the cases admitted into the hospital had large cicatrices. If, he observes, "the scar is large, and bears the mark of being formed by high local inflammation, the chances of small-pox occurring will be great." Marson states that a good cicatrix is "foveated, dotted or indented, and, in some instances, radiated with well-defined edges."

Re-vaccination appears to be particularly valuable in checking the occurrence of small-pox, for Heim states that of 44,000 re-vaccinations, only one was attacked with the disease. It may, therefore, be a subject for serious consideration whether the plan adopted in Prussia of re-vaccinating every few years, is not the best mode of preventing small-pox from occurring. This disease has been several times brought to this colony by trading vessels—it is never met with in men of war or transports; there must evidently be something wrong in their management demanding legislative interference.

THE CENTRAL BOARD OF HEALTH AND THE SMALL-POX.

At a meeting of those members of the Victorian Medical Association to whom copies of the subjoined circular were addressed by the Central Board of Health, held on the 3rd inst., for the purpose of taking into consideration the queries contained in the Board's circular regarding the present epidemic of small-pox, the following reply, on the motion of Dr. Moore, seconded by Dr. Curtis, was unanimously agreed to:—

"That the members of the Victorian Medical Association having already, so far back as the 9th January last, pronounced the disease to be small-pox, and, as the accuracy of that opinion is now admitted, we perceive no necessity for any further discussion on the nature of the disease, but that,

at the same time, the members of the Association will be happy to give their assistance to prevent the further spread of the disease."

There were present on this occasion the following members:—Dr. Stewart, President of the Association, in the chair; Drs. Berncastle, Moore, Curtis, Thomson, Bowie, Daniel, Bragge, Iffla, McCarthy, Wilson, Murray, Gregory, Reeves, and Lloyd.

Central Board of Health,

Melbourne, 28th January, 1869.

SIR,—The Central Board of Health being anxious to determine whether or not the epidemic disease now existing in parts of Melbourne and at Greensborough is really small-pox, have directed me to write to you and the other medical practitioners who, so far as the Board are informed, have seen any of the cases, and to beg you will have the kindness to answer, as fully as possible, the following questions, viz.:—

1. Have you seen any of the cases alluded to?
2. If so, which, where, and at what dates, distinguishing the several cases if you have seen more than one?
3. Do you think that the disease was true small pox?
4. Or, a modification of small-pox by vaccination, but, nevertheless, a disease capable of producing true small-pox in the unvaccinated?
5. Be good enough to give an exact description of the eruption in each case.
6. On what grounds do you form your opinion of the cases?
7. Was there any offensive smell present in any case, and if so, in which?
8. Was there secondary fever in any instance, and, if so, in which?

I am further desired to inquire whether, if the Central Board should find it necessary to obtain from you any explanation of your replies, you would have any objection to appear personally before the Board for the purpose.

Will you also be so good as to inform me if you know of any medical practitioner who has seen any of these cases, but who has not received a copy of this circular.

I am to add, that the Central Board of Health trust the great importance of this question will be sufficient excuse for their so far troubling you.

I have the honour to be, sir,

Your most obedient servant,

THOS. R. WILSON, Sec.

ON SUNSTROKE.—For sunstroke, Professor Maclean is satisfied that the modern plan of management by the cold douche, the stimulation of the bare scalp with cantharides, and the internal administration of quinine (Warburg's tincture), saves many lives which formerly fell victims to the lancet.

Medical News.

WE regret to perceive by the subjoined extracts, taken from the daily press, that Melbourne is not the only place where the conduct of coroners has brought them into disrepute:—

ABOLITION OF CORONERS.—Recently Mr. Keith and some other gentlemen, from Smythesdale, were introduced to the Hon. the Minister of Justice by the Hon. C. E. Jones respecting the abolition or remodelling of the office of coroner. A memorial, which was most numerous signed, was presented by the deputation. It set forth that, in the district of Smythesdale, the number of inquests held in proportion to the number of deaths was unduly large, and the number of *post mortems* made was altogether too large for the number of inquests held; that inquests and *post mortems*, when not indispensably required, were an outrage upon the feelings of relatives and friends of deceased persons, as well as repugnant to all parties living in the neighbourhood where any *post mortem* was made; that in only few of the cases in the district within the last five years where inquests had been held, was there the slightest doubt as to the cause of death; that even where an inquest was necessary, its concomitant, a *post mortem*, was often worse than useless; and that in no instance in the knowledge of the petitioners had there been any instance of striking facts brought out at an inquest. The memorialists suggested that in all cases of suspicious death a magisterial inquiry should be held, instead of one before a coroner; and they prayed that the Minister of Justice would take into consideration the present unsatisfactory working of the system of coroners, and apply such remedies as he thought fit. Some remarks were offered in favour of the memorial of a similar nature to those contained in it; after which the Hon. Mr. Casey informed the deputation that he had the whole subject of coroners and their duties at present under review, with the intention of seeing what could be done respecting them.—*Age*.

INQUEST.—An inquest was held at Hotspur, on the 22nd January, by the district coroner, on the body of a child, three months old, the son of Mr. M'Donald, a sheep farmer there. It appeared that the nursemaid, when carrying the child, had fallen, and it was supposed that the child might have been injured then. The jury, however, found that it had died from natural causes. In this case there was little cause for a *post mortem* examination, and we agree with the correspondent who sends us these particulars in thinking that it is high time that some measure was adopted which

would limit these inquiries to deaths involved in doubt.—*Argus*.

TYPHUS FEVER.—On Saturday, 6th February, the borough health officer of Sale (Dr. Hedley), reported a case of typhus fever. It appears that a woman, one of the "Tornado's" passengers, with her child, arrived here yesterday, and the child turning sick, medical advice was called in, when it was pronounced to be a case of typhus. Admittance was requested at the hospital, but refused, for fear of communicating the infection to the other patients. The borough officers, in conjunction with the police, then procured an isolated dwelling for the reception of the child and its mother, where they will receive every attention, and where it is expected there will be no danger of the disease spreading.—*Argus*.

DROPSY: ITS PATHOLOGY, PROGNOSIS, AND PRINCIPLES OF TREATMENT.

By GEORGE JOHNSON, M.D., F.R.C.P.

In general terms, the proximate causes of dropsy may be said to be—1, a mechanical impediment to the circulation of the blood, and a consequent over-fulness of some part of the vascular system; thus the pressure of enlarged cancerous glands or of an aneurism on the femoral or popliteal vein, or the pressure of the gravid uterus on the iliac veins, or structural disease of the liver, especially an advanced stage of cirrhosis; 2, an alteration of the physical condition of the blood, either (a) an excess of the watery part, with a relative deficiency of the solids, as in cases of extreme anæmia; or (b) an accumulation of excrementitious materials, especially of urinary constituents; a case of acute febrile dropsy is a type of this class of dropsies.

In a large proportion of cases of chronic dropsy, all the above conditions coexist and co-operate. There is an impeded circulation of blood; and the blood is physically altered, both by containing a relative excess of water, and by being contaminated with retained excreta. In the great majority of cases, chronic general dropsy is either cardiac or renal in its origin.

In cases of cardiac dropsy, the starting-point of the malady is a damaged valve, either the mitral or the aortic, or both. Sooner or later, this valvular defect seriously impedes the circulation, the whole systemic venous system becomes distended, and, as the circulation through the kidneys becomes obstructed, there is a scanty secretion of urine, which is sometimes also albuminous. It is obvious that, *ceteris paribus*, the amount of urine secreted depends upon the quantity of blood which circulates through the kidneys. Ligature of both renal veins—an experiment which has often been performed on the lower animals—causes a speedy and complete suppression of urine; and so, when

cardiac disease obstructs the general circulation, the secretion of urine will be scanty in proportion to the degree in which the blood is impeded in its passage through the kidneys. Thus, a scanty secretion of urine, and a consequent accumulation of water and of urinary excreta in the blood, are the immediate perursors and the proximate cause of that which is rightly called cardiac dropsy.

In cases of *chronic renal dropsy*, the blood is physically much changed. It contains an excess of water; it is deficient in its own normal constituents, especially albumen and colouring matter; and lastly, it is more or less contaminated by retained urinary excreta. As a rule, patients with chronic renal disease are liable to become dropsical, in proportion to the abundance of albumen in the urine and the scantiness of the watery secretion by the kidneys. In cases of what is called the chronic desquamative disease—the small red granular kidney—a form of renal degeneration in which the urine is copious and contains but little albumen, there is commonly no dropsy, or very little. On the other hand, dropsy is a very frequent and prominent symptom in those cases of Bright's disease where the kidneys are large, pale, and waxy or fat, and which are associated with a scanty secretion of highly albuminous urine.

The various kinds of dropsy may be arranged in two classes: 1, the acute, active, or febrile; 2, the chronic or passive. Acute febrile dropsy not only comes on rapidly, but it also manifests itself simultaneously in the subcutaneous tissue over the whole body—face, trunk, and limbs. The blood in these cases is suddenly contaminated with retained excreta; there is consequently a universal capillary engorgement and an active transudation everywhere through the walls of the vessels. On the other hand, chronic passive dropsy, whether cardiac or renal, not only comes on slowly, but it usually begins in the feet and thence gradually extends upwards. The reason is, that the venous obstruction and the capillary engorgement are greatest in the most dependent parts, from which, in the erect posture, the blood has to ascend against the force of gravity. The liquid, too, after it has been effused into the areolar tissue, tends to gravitate downwards, so that the position of the dropsical effusion is greatly influenced by the posture of the patient, as well as by external pressure.

It is almost too obvious to require mention that the acute and the chronic forms of dropsy merge into each other by imperceptible gradations. An acute dropsy may gradually assume the chronic form; and on the other hand, as a result of exposure to cold, a chronic dropsy may suddenly take on the characters of an aggravated acute attack.

The *prognosis* in cases of dropsy differs extremely according to the nature of the disease, of which the dropsy is a symptom. The notion that dropsy is essentially incurable is happily an erroneous one. Some forms of dropsy are curable with ease and certainty. The slight œdema which frequently accompanies chlorosis usually yields at once to appropriate treatment. Cases of acute renal dropsy, if they come early under treatment, generally end in complete recovery. The cases in which the prognosis is most unfavourable are those in which the dropsy is dependent on advanced chronic disease of the kidney or organic disease of the heart. The prospect is especially unfavourable when both the kidneys and the heart are implicated, but even in cases of incurable organic disease of the heart, or kidney, or liver, a temporary removal of the dropsy may not uncommonly be effected.

In the treatment of dropsy there are two objects to be aimed at; these are, first, to remove, if possible, the original and exciting cause of the dropsy; and second, to remove the dropsical accumulation. If the first of these objects can be accomplished, the second is generally attained with it. The dropsy will soon disappear with the removal of its exciting cause. For instance, the slight anasarca which occurs in chlorotic young women is a result mainly of the poor and watery condition of the blood; and the dropsy quickly passes away when the quality of the blood is improved by nutritious diet, fresh air, and exercise, with the use of iron as a tonic, and perhaps an occasional aperient.

In the treatment of acute renal dropsy, the patient we will suppose to be placed in circumstances favourable for recovery: he is confined to bed; has a scanty diet; the loins are dry-cupped, or mustard and linseed poultices are applied there; and means are taken to excite the secretory action of the skin and bowels, and thus to lessen the work of the kidneys. Soon the secretion of urine begins to increase until, in the course of four or five days perhaps, the quantity of urine, which at first had been less than half the natural amount, becomes three times as great as the standard quantity, no diuretic medicine of any kind having been given.

The explanation of this spontaneous diuresis appears to be this. During the acute stage of the renal disease, the constituents of the urine, both solids and liquids, have accumulated in the blood, and have thence been effused into the areolar tissue and into the serous cavities. Now, urea itself is a most powerful diuretic: and no sooner is the inflammatory congestion of the kidney removed, and the freedom of the renal circulation restored, than the urea exerts its natural diuretic action on the kidney. The copious diuresis thus induced speedily removes the accumulated urinary solids and liquids from the blood, the areolar tissue, and the serous cavities, into which

they had been effused, and so the dropsy is cured.

This abundant flow of urine occurs without aid from diuretics or drugs of any kind. Stimulating diuretics, such as squills, or cantharides, or turpentine, are injurious, by increasing congestion of the kidney. The best diuretics in such cases are means which tend to lessen the congestion of the kidneys; counter-irritation over the loins, especially by dry-cupping; hot-air baths and diaphoretics, purgatives, and a scanty diet.

In some cases of chronic renal dropsy, diuretics may be given without risk, but too often without much benefit in the way of removing or lessening the dropsy. A pleasant and efficacious diuretic is the imperial drink made with lemon, cream of tartar and sugar, with the addition of gin, in the proportion of a wineglass to a pint. Hot-air baths often distress the sufferers from chronic Bright's disease; the skin does not readily perspire, and the body consequently becomes painfully heated; a daily packing for two or three hours in a wet sheet and blankets is better. In this way a more prolonged and copious diaphoresis is obtained, and that too with less distress, if not with actual comfort to the patient.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: SATURDAY, FEBRUARY 15, 1869.

WHENEVER the history of the present outbreak of small-pox in Victoria shall come to be written, although, heaven knows, the subject is serious enough, the story will not be altogether devoid of that ludicrous element so often found intermingled with the gravest concerns of human life. We have no doubt it will be matter of surprise and wonder to our medical brethren in other parts of the world, how it could come to pass that so distinctive a disease, and one characterised by such a peculiar set of symptoms, as small-pox when fully developed, could not immediately be recognised by any practitioner of average education and capacity, seeing that Sir Thomas Watson, in his classical work on the practice of medicine, vol. 2, page 856, speaking of variola, says: "When small-pox is fully formed, it cannot be mistaken for any other complaint." Now, many of the sufferers during the present epidemic had the complaint so well developed, that they may be described as typical cases of small-pox, no symptom necessary to a com-

plete picture of the disease as drawn by the best writers on medicine, being absent. We now refer more particularly to the instances of Mrs. Watmough and her infant at Greensborough, and to some of the cases received into that Immigration Depot building, miscalled an hospital. In these cases, the pathognomonic and distinctive symptoms of small-pox were well marked, the duration of the preliminary fever, or stage of invasion, consisting of a period averaging from three to four days, this stage being generally characterized by headache, vomiting, pains in the limbs and loins, and the other general symptoms of pyrexia, the rash usually appearing towards the end of the third day in the shape of a red, papular eruption, this gradually developing itself into the vesicular and pustular stages, and arriving at the state of maturation, accompanied by secondary fever, from the ninth to the eleventh day of the disease; these cases exhibited in a well marked manner umbilicated pustules, with central black spots, surrounded by an inflamed areola; they also strongly possessed the peculiar sickening, greasy odor of small-pox, the head and face were enormously swollen, the natural expression of countenance being lost, pustules existed on the inside of the mouth, soft palate and throat; ropy saliva flowing from the mouth was also present, the eyelids were all but closed; the patients also complained of sore throat. In all these cases the eruption on the face was very copious, and in some of them, as, for instance, Mrs. Watmough, it was confluent. The eruption invariably commenced on the head and face, and thence gradually extended downwards over the body, and it observed the same order in its departure; the duration in the severer cases was from three to four weeks, and in none was it shorter than fourteen days. Again, the majority of the persons attacked were adults, and in these it also exhibited its severest type; this we can easily account for, by their either not having been vaccinated at all, or imperfectly, or, perhaps, by the protective influence of vaccination having been weakened by lapse of time; the milder and less characteristic instances of the disease generally occurred with one exception, that of Mrs. Watmough's infant, which was not vaccinated, amongst the younger patients, in whom the vaccine influence was not exhausted by length of time.

Had ordinary care and influence been exercised on the first arrival here of the

"Avondale," the existence of small-pox on board should and ought to have been discovered; and even had the chief medical officer, at a later period, attended to the repeated warnings given to him, in all probability the scourge would have been stamped out, and Victoria would not now have the fell disease, apparently acclimatized, within her borders, and would not now be reaping the bitter fruits arising from the chief medical officer's wilful and dogmatic rejection of advice. It must be satisfactory to the public, as well as creditable to the capacity of the profession in Victoria, that the practitioners of the city and suburbs were from the first—with the exception of a very few, who, following the fashion of the hour, were inclined to pin their faith on the newly arrived lights "of some eminence"—nearly unanimous in affirming the disease to be small-pox.

Perhaps it may be well, before concluding, to take a rapid glance at some of the extraordinary opinions—albeit some of them were "more amusing than instructive"—advanced on the nature of the disease during the present epidemic. At first the public and the profession were gravely and persistently informed that the disease was the mild and harmless chicken-pox, this view being put forward principally by the chief medical officer and his supporters. This position being found untenable, we were next authoritatively told "*ex cathedra*," that there was no essential difference between variola and varicella, these being, in fact, mere modifications of the same disease. Then followed, in rapid succession, a number of other opinions equally ridiculous, such as that the disorder was neither chicken-pox nor small-pox, but an entirely new complaint, differing from both. All these various hypotheses, although wholly worthless, were, nevertheless, found very serviceable in masking the professional incapacity of their propounders, who, having for a while sneered and scoffed at men better informed than themselves, have at length been compelled, with a very bad grace indeed, to admit the disease to be genuine small-pox, whether modified or not makes little difference, as the modified form may give rise to the most malignant.

Two new cases of small-pox, the widow and child of the man Rose, who recently died of this disease at Greensborough, were removed to the Royal Park during the past week.

Medical Annotations.

ON THE NATURE OF VACCINE VIRUS.

By M. A. CHAUVÉAU.

THE following is an abstract of a paper presented to the Académie des Sciences, on the nature of vaccine virus, and the experimental determination of the elements forming the principle of virulent vaccinal serosity :—

"The virulent humour furnished by the virulent pustule is a complex product, analogous in its composition to all the non-specific pathological serosities. Neither chemical analyses, nor microscopical examinations have revealed any special element to which the peculiar activity of vaccinia might be attributed. This activity necessarily exists in the common elements which take part in the formation of vaccinal serosity, and which, according to the opinion of Claude Bernard, have acquired a virulent property through simple isomeric modification. But does this metamorphosis, which establishes the virulence, affect all the elements of vaccine? or rather does it act upon some one or some few of them? does the virulent activity require the concurrence of all these elements, or is one sufficient for its production? M. Chauveau has attempted to resolve these problems by isolating the principles which enter into the composition of vaccinal serosity, and subjecting each of them to the criterion of physiological experimentation: serum containing, together with albumen which forms the base, all the other soluble substances, was dealt with on the one hand, and, on the other, the solid elements, that is to say, the leucocytes and the elementary granular bodies which are suspended in the serous fluid.

M. A. Chauveau derived the following results from his experiments: The leucocytes do not constitute the essential agents of the virulence. They may share in this property with the other elements of vaccinal fluid; but they do not possess it exclusively.

M. Chauveau succeeded in obtaining vaccinal serosity entirely free from all solid bodies including the finest molecules. This was done by utilizing the phenomenon generally known as diffusion.

Whilst the inoculations of the perfect vaccine succeeded, that of the vaccine deprived of its solid matter always and most completely failed.

M. Chauveau, to give this fact its whole significance, states that "the purely serous liquid was always tested by heat, or nitric acid, at the time of its inoculation, and gave in every instance the reaction denoting the presence of albumen. Neither the absence of this fundamental element

or of any others, nor their extreme dilution, can therefore be brought to explain the inactivity of the vaccinal serous fluid.

These experiments permit of the conclusion that the vaccinal serous fluid is not virulent, and that the activity of the vaccine exists in its solid bodies, either in all without distinction, or in one special portion of these small elementary organisms.

This inactivity of the vaccinal serous fluid, M. Chauveau states, constitutes a fact of great importance, not only with special regard to the theory of virulence, but also from the general point of view of the physiology of the elements.

ON THE DIFFUSION OF TRICHINA SPIRALIS.

By T. S. COBBOLD, M.D., F.R.S.

THE author performed numerous experiments by feeding various animals with trichinous flesh. His results correspond very closely with those obtained by investigators on the Continent. Thus, H. A. Pagenstecher and C. J. Fuchs found that ingested muscle, trichinæ acquired sexual maturity within the intestinal canal of birds; but they never found young trichinæ in the muscles of birds, nor did they perceive any evidences of an attempt on the part of the escaped embryos to effect a wandering or active migration on their own account. So seven experiments performed by the author on birds gave negative results. No trichinæ were found either in the muscles or in the intestinal canal. Not a few persons entertain the notion that trichinæ are liable to infest all kinds of warm-blooded and even also many kinds of cold-blooded animals, such as reptiles and fishes. Certain nematodes found in earthworms have been described as trichinæ, and consequently, pigs and hedgehogs were said to become trichinous through eating the annelids. The minute flesh-worms (described by Bowman) from the muscle of the eel are not true trichinæ, any more than the somewhat similar parasites *Myoryktos* (*Weismanni*) which Eberth found to infest the muscles of the frog. The negative results obtained may therefore fairly be taken as positive, in one sense, inasmuch as they help, with the aid of other experiences, to define the area of distribution legitimately assignable to *Trichina spiralis*. The author obtained positive results in dogs, cats, pig, guinea-pig, and hedgehog.

Carnivorous mammals, and especially those which subsist on a mixed diet, appear to be most liable to entertain trichinæ; nevertheless it is quite possible to rear flesh-worms in herbivora. Pagenstecher and Fuchs succeeded in rearing muscle trichinæ in a calf, and they found three female intestinal trichinæ in a goat, but apparently

no muscle flesh-worms, although twenty-seven days had elapsed since the first feeding with trichinized rabbit's flesh. In three sheep experimented on by the author no trace of trichinæ could be found. In their natural state it is clear that herbivorous mammals can seldom have an opportunity of infesting themselves, whilst the reverse is the case with swine, carnivorous mammals, and man. Other parasites, the common fluke, for instance, are limited to a larger or smaller number of hosts; whilst, on the other hand, in not a few cases, the territory occupied is that of the body of a single species. The two most common cestodes liable to infest man have a very limited distribution; and the same is true of nematodes, *Oxyuris vermicularis* being confined, as far as is known, to man. The author adds that in England ordinary precautions will suffice to prevent the introduction of trichiniasis. English swine are almost entirely, if not absolutely, free from this disease, and not a single case of trichiniasis in the living human subject has been diagnosed in the United Kingdom. Some twenty or thirty cases have been discovered post-mortem; but it is most probable that all these individuals had contracted the disease by eating German sausage or other preparation of foreign meat.

ACUTE RHEUMATISM.

At a meeting of the Clinical Society of London, held January 24th, 1868, Dr. Weber narrated two fatal cases of the above disease, in which death was preceded by excessive increase of the temperature of the body. In the first case, that of a man, aged forty-five, cerebral symptoms supervened on the twelfth day of the illness, the previous progress of which had been comparatively mild, although the patient had been more than commonly restless. During the evening of the twelfth day the restlessness increased, and he passed a large quantity of pale alkaline urine. Early next morning he became delirious, and finally comatose. This condition ended fatally in five hours, during which the temperature exceeded 108 deg. Fahr.; his breathing was accelerated and stertorous; his pulse over 180 and hard, and the pupils without reaction. In the second case, the fatal symptoms set in and progressed in the same way, although death occurred somewhat more rapidly. Ten minutes after death the temperature in the axilla was 107·8 deg., and in the rectum 109·8 deg. In both cases, the character of the first sound of the heart, as heard at the apex, was altered. The principal pathological changes were, hyperæmia of the brain and its membranes, imperfect coagulation of the blood, recent fibrous deposit on and around the mitral valve, and hæmorrhages be-

neath the serous membranes. Dr. Weber expressed the opinion that in these cases the cerebral functions, after a short stage of excitement, became paralysed, and that the phenomena of intense pyrexia which present themselves are not the cause, but the effect, of this paralysis. In support of this view, he compared them with others recorded by Wunderlich, in which there was excessive rise of temperature before death in tetanus, and other fatal neuroses, and pointed out the striking resemblance of the symptoms to those of sunstroke. He further referred to the remarkable experiments of Tscheschechin, who found that after section of the pons at its junction with the medulla oblongata, the contractions of the heart and the respiration were accelerated, and the temperature raised. In his concluding remarks on treatment, Dr. Weber suggested, that all cases of acute rheumatism in which there was *more than usual restlessness*, should be watched with special care. If the premonitory symptoms of danger were early recognised, particularly increase of temperature, a good result might be still be hoped for from the use of the cold affusion, or of other means for lowering the temperature of the body combined, perhaps, with use of quinine in large doses.

ON APOPLEXY.

By SAMUEL WILKS, M.D., Physician to and Lecturer on the Practice of Medicine at Guy's Hospital.

In this paper the author points out how erroneous is the opinion that apoplexy (that is, effusion of blood on the brain) is suddenly fatal. The case of shortest duration of which he knows is where an effusion of blood occurred on the brain, and the patient was dragged through the street, and survived only an hour.

This opinion has been promoted by another delusion, which is this: that persons of a certain configuration are prone to apoplexy. It is said that the pattern of body which is most prone to apoplexy is denoted by a large head and red face, shortness and thickness of the neck, and a short, stout, squat build. A man with a red face has no more blood in his brain than another: it is a mere idle fancy; it is the associating two things together in our imagination which have no real connexion. It is like the association of hydrophobia with the dog days, these being named after the star Sirius, which is to be seen in our winter nights, or the erroneous belief that fever is most prevalent in summer. The fact is, that blood is poured out in the brain because a vessel has burst. The person in whom the vessels are diseased is consequently he in whom apoplexy is most likely to occur. Such a person is often pale and thin, with a long neck.

If a small amount of blood be effused into either of the head centres, producing hemiplegia, and no further result follow, the patient gradually recovers. The paralysis of the face soon passes off, and if it be on the left side the patient is soon enabled again to speak, although the paralysis of the arm and leg remain.

In most cases, however, a very lengthened time is required for recovery to occur, and this is only partial; as the blood is absorbed, the parts again come into order, and their function is resumed. But since some of the conducting fibres are absolutely severed, it is impossible that motion will ever be perfectly restored. As a rule, the leg recovers before the arm, but at the end of some months nearly all hope is gone of either limb permanently recovering if not restored by that time.

Now what becomes of the clot? The blood disintegrates, it becomes yellow, ochry, or coffee-coloured; the corpuscles break up, and out of the colouring matter crystals form. These take at least a fortnight to form. Whether a true cicatrix may follow is doubtful; more generally some inflammation occurs around the clot, a lymph is poured out which hardens, and thus a cyst is often produced. In a person who has been long hemiplegic a small cyst containing fluid may be found in the corpus striatum or thalamus, or a brown spot may be seen looking like a cicatrix, the remnant of the dried-up clot. In some cases of effusion of blood in the brain it may be useful to ascertain the time of the seizure; the presence of crystals may assist us in the inquiry, as they seldom are found before two or three weeks. These crystals, which spontaneously form, are called hæmatoidin, and differ from the hæmine crystals which are formed artificially by acetic acid. The latter are small rhombic plates with acuter angles, whilst the former, which form spontaneously, are much larger and broader crystals, and of a deep ruby-red colour.

If this process of recovery do not ensue, a softening may gradually go on until neighbouring parts of the brain are involved, and then further symptoms arise. The emotional powers are readily excited, as if little under the control of the patient; but whether the disease has or has not in these cases proceeded beyond the region of the ganglia, Dr. Wilks is not quite certain.

THE HYPODERMIC INJECTION OF MORPHIA IN GOUT AND PLEURISY.

By THADDEUS L. LEAVITT, M.D.

UPON being summoned to visit a patient, aged about fifty-five years, afflicted with the most intense pain in the knee-joint, from an attack of gout, to which disease he had been a victim for the last

six years, Dr. Leavitt immediately injected beneath the skin, in the locality of the seat of pain, the third of a grain of the acetate of morphia in solution, which was followed with the most delightful results; in three minutes the intensity of the pain diminished, and in ten minutes had almost ceased, the patient expressing himself in glowing terms as to the efficacy and promptness of this new remedy. The night was passed most comfortably, no return of the paroxysm occurring. The bicarbonate of potassa and colchicum being also administered, the attack was shortened, and the patient rallied rapidly, having none of the depression and debilitating effects, the resultant of long-continued pain, to recover from, as in former times.

Subsequently, an attack in the left hand was treated in the same manner, with like satisfactory result.

This being the only case of gout in which up to the present date Dr. Leavitt has had an opportunity to test this application, it is merely recorded for what it may be worth in the future; the pleasing experience gained, however, being to his mind sufficiently satisfactory to warrant its repetition in other cases.

In all conditions of acute suffering, pleurisy, acute rheumatism, angina pectoris, etc., no remedy is so prompt and efficient as the hypodermic use of the morphia salts.

Mrs. Martha F., æt. forty years, was seen February 17, 1867, for the first time; a well-marked case of pleurisy. The pain was most intense; great dyspnoea existed; sharp, lancinating pains at each rapid inspiration completely prostrated the patient, whose sufferings had been continuous for twelve hours. About one-sixth of a grain of the acetate of morphia was used hypodermically, and with prompt relief, a few minutes only elapsing after its injection before its beneficial results followed. The ordinary treatment being continued, a recovery was effected in a short time.

This one case, Dr. Leavitt says, serves to illustrate the success of the application, and renders unnecessary the recording of several other cases of like import.

ON THE BLUE LINE IN SATURNINE AFFECTIONS, AND ITS PATHOGNOMONIC VALUE.

By DR. FALOT.

DR. FALOT refutes the authors who believe that the blue line along the gums is formed by an accidental deposit on the buccal mucous membrane of lead furnished by dust contained in the air or food, or still more in fluids that have been adulterated or accidentally charged. According to M. Grisolle among others, the blue-line is the livery

of the lead-worker, not a symptom of poisoning, but a simple deposit, and a sign of the worker's occupation. M. Falot quotes the observations of Beau, Barlow, Gregory Smith, and Lecoq, all of whom observed the blue line in patients undergoing an internal treatment with pills of subcarbonate or acetate of lead; and he gives in addition the reports of some cases of his own, which were gathered in an epidemic of colic in a ship's crew at the Gaboon, the cause of which was lead-poisoning. Finally, after having established by experiment the impossibility of reproducing the blue line artificially, by touching the gums corresponding to the incisor and canine teeth of the lower jaw with a brush dipped in acetate of lead, and after having proved that oxygenated water and water sharpened by sulphuric acid, the ordinary reagents of lead, had no influence upon the blue line when it is plainly established, Dr. Falot proves that the line is the result of an elimination of the lead, and indicates by its manifestation that the lead, carried along by the circulation, comes to be deposited in the tissue of the gums, where it forms a combination which reveals its presence by a more or less intense blue coloration. M. Falot finishes his contribution by representing the blue line as a sign of the penetration of lead into the economy, and he derives the important conclusion for forensic medicine, that its presence may denote lead-poisoning, although an analysis of the viscera may not have revealed the smallest trace of the metal.

ON CROUP AND DIPHTHERIA.

By J. W. HAWARD, Esq.

Is it correct to speak of croup and diphtheria as two diseases, or are the conditions to which the name of "croup" and "diphtheria" are applied merely variations of the same disease? Mr. Haward, in answer to this, states that it is his belief that there are two distinct combinations of symptoms, with their associated pathological changes, to one of which may be given the name of croup, to the other diphtheria; that these combinations are constant, and that the elements or terms of the one are never mixed with the elements or terms of the other (though there may be certain added quantities which are common to both); that the constant combinations are of the important and essential elements in each quantity; and that these always occurring in the same and distinct association, there is sufficient ground for regarding each of the two diseases made up of these elements as distinct and non-identical.

With regard to the treatment of croup, Mr. Haward has no doubt of the value, if the case is seen early enough, of local bleeding by leeches

to the throat, and antimony given in emetic doses.

A belt of flannel, on which is spread mercurial ointment, may also be applied. Added to which, he would strongly recommend keeping the child in a warm and moist atmosphere, which is done at the Children's Hospital by enclosing the bed in curtains, and directing into the tent thus formed a fine jet of steam. If, however, the child is in the second stage, when the lividity and drowsiness show it to be suffering from the non-aëration of the blood, the time for antiphlogistic treatment is past, and stimulant emetics, such as ipecacuanha and ammonia, must be given, with senega and ammonia in the intervals. But these means must not be trusted to for long; and if, in spite of them, the respiration is steadily becoming more difficult, tracheotomy should be resorted to.

In alluding to the treatment of diphtheria, Mr. Haward says that, as it is a depressing disease, all antiphlogistic measures must be carefully avoided. Of the various medicines that have been recommended, Mr. Haward cannot speak with much favour. The much praised tincture of iron has not seemed to him to have any special effect, nor, indeed, has anything else; but it seems reasonable to give the chloride of potash and iodide of potassium, to which may be added bark; the chief reliance, however, should be placed upon stimulants, which should be given freely from the first. Of local caustics, the hydrochloric acid and honey have seemed to Mr. Haward the most effective and least painful. If resorted to, it should be done once thoroughly and not repeated; and it is accomplished best by means of a small piece of sponge held in a pair of long-limbed vulsellum forceps, such as are used in excision of the tonsils. Mr. Haward thinks that a solution of permanganate of potash is the best gargle; two drachms of Condyl's fluid to half a pint of water; and in children, where the throat must be syringed (on account of their inability to gargle), it has the advantage that it is swallowed with impunity.

The coryza may be much relieved by washing out the nostrils with a similar solution, after Dr. Thudichum's plan. No doubt during the convalescence iron is useful, as also for the sequential paralysis, especially combined with strychnine. When, however, the larynx shows any sign of being affected, the patient should be at once put into the steaming tent and the symptoms very carefully watched; and if the breathing is getting steadily worse, and is not relieved by one or two stimulant emetics, tracheotomy should be performed. Mr. Haward is convinced of the correctness of Trousseau's advice that the operation should be executed slowly. After the operation the patient should be kept in the tent-bed in a

moist atmosphere of about 70° Fahr. This much lessens the danger of bronchitis and pneumonia, and greatly assists expectoration. The food at first should be fluid, unless from loss of sensibility of the epiglottis, the fluids run into the windpipe, in which case pultaceous food must be given. It is advisable to remove the canula on the third or fourth day, or even before, and close the wound for a short time with sticking-plaster, and to do this every day several times, for an increasing length of time, until the child can bear the wound to be permanently closed, the surgeon being always of course at first prepared to insert the tube again at any moment, as is often necessary, especially at night. Good nursing is absolutely essential for the recovery of patients after tracheotomy.

A LECTURE ON CASES OF CEREBRAL HÆMORRHAGE.

By J. HUGHLINGS JACKSON, M.D.

THIS lecture is founded upon and illustrated by some cases of cerebral hæmorrhage, but it also enters generally into the causes, symptoms, and diagnosis of that affection. Paralysis is a common symptom of cerebral hæmorrhage, but the amount of paralysis depends upon the damage done to the motor tract; and if this part of the brain is but little injured, there will be very little paralysis, or it may even pass off. But when the corpus striatum is the seat of the hæmorrhage, as is often the case, there will be a marked paralysis, the corpus striatum, thalamus opticus, and crus cerebri, being all parts of the motor tract; while if the mass of the hemisphere above the ventricle is the seat of the effusion, there need be no paralysis at all.

Dr. Jackson contends, however, that cerebral hæmorrhage ought not to be regarded as only a local affection, but that it should be considered in connexion with the general disease of the arteries throughout the body, and with pre-existing or concomitant morbid conditions in other organs, as the kidneys, liver, heart, &c. Even the examination of the retina by means of the ophthalmoscope affords valuable information in reference to cerebral hæmorrhage, because the condition of the retinal vessel enables the observer to detect tissue changes which may be generally present throughout the system. As cerebral hæmorrhage is not so much a local disease as a local manifestation of a general morbid condition, it follows that special medication of the brain is not likely to be beneficial, and that when recovery from paralysis ensues the result is rather due to the patient's general condition than to the treatment adopted. When the system is not much impaired recovery may be hoped for; but when there is

considerable disease in other viscera the prognosis must be unfavourable.

APHONIA OF NEARLY TWO YEARS' DURATION CURED BY ELECTRICAL STIMULATION OF THE INFERIOR LARYNGEAL NERVE.—Various methods of treatment have been unsuccessfully tried in a case of aphonia which had originated two years previously, and which was supposed to be due to paralysis of the nerves of the vocal cord. The patient was a healthy female, twenty years of age. It was ultimately decided by Dr. Philippeaux to try the effect of electrical stimulation, applied in such a way as to directly influence the inferior laryngeal nerves. For this purpose, one metallic pole was inserted into the lower and posterior portion of the pharynx, and the second was placed on the skin over the cricothyroid muscles. A current of considerable strength was passed between these two points: almost immediately after the closure of this current the patient started, uttered a loud cry, and began to speak with a facility equal to that which she had possessed before the commencement of the aphonia. Dr. Philippeaux remarks that he has frequently met with success in treating aphonia with electricity, but never before had he the good fortune to obtain so instantaneous and perfect a cure.

PERMANGANATE OF POTASH IN ACUTE RHEUMATISM.—Dr. Fenn writes in the highest terms of the efficacy of the permanganate of potash in the treatment of rheumatism, which he believes to be due to the large proportion of oxygen which it contains. This salt promotes the transformation of lactic into carbonic acid. Dr. Fenn gives it in half-grain doses three times a day. He finds raspberry syrup to be the best menstruum, as it disguises the somewhat nauseous taste of the medicine.

ON VERTIGO.—Dr. Ramskill treats vertigo, if from gastric causes, with alkaline purgatives at first, followed by a course of strychnia; "essential vertigo" he finds most benefited by iron and strychnia, alternated with tincture of larch and digitalis. He attributes, in fact, the former to weakness of stomach, and the latter to atrophy of the heart. Two other usual causes of vertigo are overwork and old age; very rarely disease of the brain.

Notice to Correspondents.

PAPERS intended for the *Australian Medical Gazette* are requested to be sent to the Editor, care of Messrs. CLARSON, MASSIMA, & Co., 72 Little Collins-street East, Melbourne.

In consequence of pressure on our space, we regret being obliged to hold over Dr. Crooke's interesting paper on "Blood Poisoning."

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(CONTINUED.)

THE same summary mode of getting rid of all imaginable risk seems to have been resorted to from time to time.

From the silence of Dr. Meade, it may be presumed that it was only against the oriental plagues that quarantine was, in his opinion, necessary. It makes no mention of any other disease, not even the small-pox, requiring this mode of prophylaxis against its introduction. The act of 1720-21, like that of 1710, being limited to a few years, but to be renewed, with slight modification, from time to time, as in 1733, and again in 1743, in consequence of the prevalence of plague on the continent, when the pestilence was raging at Messina. In the latter year, Stangate Creek was appointed to be the only station in the kingdom where vessels from the Mediterranean would perform their quarantine.

In 1752, a bill having been introduced into Parliament for enlarging and regulating our trade with the Levant, the subject of quarantine was again brought under the attention of the legislature, and a new act was passed in the following session. One clause of the new act denotes the tendency to the adoption of a more rigorous system. "No goods or merchandise liable to retain the infection of the plague, and coming from the Levant without a clean bill of health, shall be landed in any port of Great Britain or Ireland, unless it shall appear to the satisfaction of His Majesty, or of his Privy Council that the said goods or merchandise have been sufficiently opened and aired in the lazarets of Malta, Venice, Messina, Leghorn, Genoa, or Marseilles, or in one of them." By this enactment, no vessel leaving any port in the Levant for this country with a foul bill, or, in other words, when the plague existed, or was alleged to exist, in the port of departure, could proceed directly to England. She was obliged to go to a foreign lazaret, and there undergo a more or less lengthened detention, whether there were any sickness on board or not. It immediately became the policy, of course, of the foreign consuls in the Levantine ports to allege a persistent presence of the disease, for the profit and good of the quarantine establishments of their respective countries, or other mercenary motives. The Dutch especially are said to have benefitted so largely by the arrangement, in consequence of the all but total absence of quarantine all the while

in Holland, that British bound vessels found it convenient to clear out at Smyrna, or other port in the Levant, for Amsterdam or Rotterdam, and there obtain clean bills, on their way to this country. In 1754, a vessel from Algiers was sunk by order of the Privy Council off the Motherbank.

It was about the year 1755 that separate hulks were used as floating lazarets in this country. Previously, when quarantine had been imposed, in consequence either of sickness during the voyage, or of any suspicion of the goods on board of a vessel being in any measure infected, all the means for purification and disinfection had to be performed on the decks of the vessel itself. The necessity of having a proper lazaret establishment on shore had often been canvassed out of Parliament, and pressed on the Government of the day. Chetney Hill, at Stangate Creek, was the situation generally recommended. This, it will be presently seen, was eventually chosen, and afterwards abandoned.

In 1757, when the plague had broken out with great severity in Portugal, Dr. Alexander Russell, who had long resided at Aleppo, as physician to the Levant Company's factory there, on being consulted by Lord Chatham on the existing quarantine practice of the country, gave it as his opinion that it afforded no security against infection, in consequence, he said, mainly of the ignorance of those in whose hands its execution was left, they being custom-house officers, utterly unacquainted with the laws affecting the development and spread of pestilential diseases; and also of the want of any fixed or uniform mode of procedure in the different ports of the kingdom. There was no Board of Health, or medical superintendent of quarantine, to advise the Government on such matters. Altogether, the practice was of the rudest and most mechanical nature; and upon any sudden alarm of danger to the public health from abroad, *all was irregularity and confusion.*

Then, in 1770, when, in consequence of the plague raging in Wallachia, Peholia, and other parts of Poland, and when special restriction was again imposed by the Privy Council on the Baltic commerce, the Customs Board authorities were directed to provide suitable stations for vessels to perform their quarantine, no provision was made for any limitation of them, except by the ordinary officers of customs, even when sickness was on board of a vessel on arrival. Ten years later, when the pestilence had again broken out, as a destructive epidemic, in different parts of Poland, and when special restrictions were again imposed by the Privy Council on the Baltic commerce, the custom house officers were left to themselves, without any medical guidance, to carry out the orders that had been issued as best they might.

All vessels from Dantzic, or other ports in Prussia or Pomerania, had to perform a quarantine of forty days before they could land their cargoes. No exception was made in favour even of grain, although this article had not been considered on the previous occasion in 1770 as susceptible of conveying the infection. Much public discontent ensued. A sharp remonstrance was addressed to the Prime Minister, Lord North, by the provost and magistrates of Edinburgh, praying for an immediate relaxation of the order, as far as vessels with grain were concerned, as there was a very insufficient supply in the granaries at Leith. And the remonstrance was backed by the opinion of two of the leading physicians of the Scottish metropolis—"that corn was not a susceptible article."

Therefore, not only was the order revoked, but free and full permission was granted that all grain vessels might discharge their cargoes at once, and without the delay of unpacking on board, opening and airing their bags or casks, which had always been considered as among the susceptible of goods, or any other precautions whatever.

Notwithstanding the acknowledged worthlessness of the system as a defence against foreign invasion by the plague, this disease had not found its way into this land for a century at least, nor did the public health appear to be imperilled, yet, curious to note, at this period, the disposition was rather to aggravate than relax quarantine, owing, in this country as well as continental countries, to the strange dogma that took full possession of the minds of many of the medical profession as to the mode in which the infection of the plague was supposed to be propagated and conveyed from place to place. More importance had been for some time attached to the influence of effluvial exhalations from the bodies of the sick, or arising from atmospheric contaminations. Direct or actual contact with a person well or sick, or with a substance pronounced infected, was at length regarded as the principal, if not the only way the disease was conveyed from one place to another. And so it came to pass, the mode of spreading the plague was assimilated not so much to that of typhus or small-pox, as Dr. Meade had done, as to gonorrhœa or the itch. The poisonous matter of the fever was supposed to be absorbed by the skin, and scarcely, if at all, imbibed by the lungs.

Still more summary powers were granted to the Privy Council for issuing such orders as they saw fit; and a provision was now made, in 1788, that every ship liable to quarantine was required, in case of meeting any infected vessel at sea, or within four leagues of the coast of Great Britain or Ireland, to hoist a yellow flag in the day, and a light at the maintopmast at night, under a

penalty of £200 for neglect; so that due warning might be given against any communication with her.

Not only the mercantile community, but also medical men who had any practical knowledge of the plague in the Levant, loudly complained of such extravagant regulations.

Among the latter, Dr. Patrick Russell, who, like his brother, had long resided at Aleppo, writes, in 1791—"It is not to be denied that as matters stand at present, quarantine, without being so secure a defence as is commonly imagined, is certainly a heavy tax upon commerce; the benefit procured for the State is very precarious—the detriment to the merchant is real.

In 1800 the quarantine laws underwent a revision by a Parliamentary Committee, and a new Act founded upon their report was passed. It put an end to the system that had hitherto prevailed, that all arrivals from Turkey with a foul or suspected bill, must purge their quarantine in one of the lazarets in the Mediterranean (Malta, Leghorn, or Marseilles), before proceeding to England—a practice most onerous and expensive to our commerce, and only for the profit of foreigners. This absurdity at length ceased, and our ships could now come direct to England and perform all the required quarantine on our own shores—usually at Stangate Creek.

This year two vessels from Mogadore having suspected cargoes, but which had no sickness during the voyage, were sunk at the Nore, by order of the Privy Council, at an expense to the public of £15,000.

The long contemplated project of building an exclusive lazaret on Chetney Hill, near Chatham, was adopted. It proved a failure, and cost the country, £170,000.

In 1845, a new Act, regulating more definitively the duration of quarantine to be performed, more especially as related to contents of merchandise on board, according to the bill of health of the vessel arriving from abroad. Of the character of the restrictions then in force the following is an instance:—"Should suspected goods arrive in a vessel with a foul—or, what is the same thing—without a clean bill, they must undergo first a probationary airing on board the vessel of six days for each portion, consisting of as much as can at one time be brought on deck, twenty-one days being employed, or more, if necessary, to air the whole cargo, and are then transported to the lazaret, where the goods are opened, and aired forty days more; and the ship itself, after performing a long voyage without any occurrence of sickness on board, is subject to a detention, including the time of discharging and receiving back the cargo, of from sixty to sixty-five days—added to the expense of maintaining the crew, a pilot, and

two officers of the establishment, as well as the heavy charge of 16s. per ton."

Hitherto the effect of quarantine in European ports had been directed mainly, if not exclusively against the plague. A vessel arriving with typhus fever, small pox, or the like contagious disease on board, was liable to be detained apart from others, and obliged to hoist a yellow flag, to prevent communication with other vessels or with the shore, and her crew and cargo might be subjected to some process of purification; but the precautionary measures were limited to the vessel itself, and this adoption did not carry with it the simultaneous suspicion of all other arrivals from the port of departure.

About this time another foreign pestilence began to excite apprehension—the yellow fever, from the African coast, the West Indies, and the Mexican Gulf. It had prevailed with great malignity in these regions during the close of the last century. It broke out for the first time, it is alleged, in the southern ports of Spain, and in our own colony of Gibraltar, in 1803 or 1804. It remained in these parts, breaking out occasionally, for about ten years, causing great alarm and serious loss of life among the population and military.

This fever, according to quarantine authorities, requires as much attention as the plague itself.

Besides the successive invasions at Gibraltar, the outbreak of the plague at Malta in 1813, and its terrible consequences, in spite of the quarantine police, served from time to time to awaken the public mind in this country to the disastrous visitation of pestilence, and to the apparent powerlessness of any tried means for their prevention or restraint. But during the war of that period throughout Europe, the lesser judgments were known but to the few, and were soon forgotten.

Two years after the Malta visitation, Corfu, the principal island of the Ionian group, was attacked, notwithstanding the utmost vigilance of the authorities. In 1819 a select committee was appointed by the House of Commons to consider the validity of the doctrine of contagion in the plague, and to report their considerations thereon, together with the minutes of evidence taken before them.

This was chiefly in consequence of the views put forth by Dr. M'Lean in his recent work, "Result of an Investigation respecting Epidemic and Pestilential Diseases, including Researches in the Levant concerning the Plague." From a very imperfect acquaintance with the disease—for his only opportunities of observation were during two or three weeks in the "Greek Pest Hospital," at Constantinople, in 1855—Dr. M'Lean had proclaimed that it was not contagious.

More than twenty medical men were examined by the committee, but of this number not above three or four had ever seen a single case of plague, and only one had witnessed it in the epidemic form, and that was at Malta in 1813.

The opinions of all the medical men examined, states the committee, with the exception of two (Dr. M'Lean and Dr. Mitchell, who had never seen the disease) were in favour of the received doctrine that the plague is communicable by contact only, and differs in this respect from epidemic fevers.

The committee acquiesced in the opinion, but abstained from giving any opinion on the quarantine regulations, and saw no reason for questioning the validity of the principle on which they were founded. From the returns from the different quarantine stations in England—Rochester, Portsmouth, Falmouth, Milford, Liverpool, and Hull, ordered by the committee, it appears that in none of them had even a single case of plague been heard of among such arrivals.

[TO BE CONTINUED.]

THE TREATMENT OF SNAKE-BITES.

By DR. BERNCASTLE.

BEFORE entering upon the treatment of snake-bites, a few general remarks concerning these reptiles will not be out of place, but assist in the diagnosis and prognosis of such accidents, and point out the urgency, more or less, of each case. Some few species of Australian snakes are quite harmless to man, although of very large size, belonging to the family of Boas, which kill their prey by constriction, and have no poison apparatus.* These are the carpet and diamond snakes, which vary in size from six to fifteen feet, and having a linear pupil like the cat, seek their prey principally at night; and therefore any accidental bite from one of them would merely produce scratches that would be harmless. All sea Snakes (*Hydrophida*) are very venomous, and must be handled with great caution. They abound in the eastern seas, where hundreds may be seen floating on the water, and they are frequently thrown up on the Australian coast. I have examined the fangs of one I caught on the Malabar coast, and found them venomous. I know of two deaths occurring at sea from gentlemen, not being aware of the fact, handling them incautiously, and dying in a few hours from their bite. With the few exceptions I have named, all other Australian snakes are more or less venomous; some being less so than others,

* At Singapore in 1850 I killed a Boa-constrictor, and dissected it entirely; it had no poison fangs or apparatus, but rows of teeth like the carpet snake. I presented it to the museum of Oxford University.

more on account of their small size than from any known difference in the intensity of the virus, it being pretty well understood that the poison of all our snakes is analogous—the quantity and depth of insertion deciding generally the result of each case.

It has, however, been the custom to consider some species as more dangerous than others, and perhaps rightly so, for various reasons too long to enter into; the general opinion, founded on observation, has classified them in the order of their venom, thus:

1. The Deaf-Adder (*Acanthophis antarctica*).
2. The Tiger, or Brown-Banded Snake (*Hoplocephalus curtus*).
3. The Brown Snake (*Hoplocephalus superbus*).
4. The Black Snake (*Pseudechis porphyriacus*).
5. The Swamp Snake (*Diemenia*).
6. The Whip Snake.

It has been found that a very flat head, straight fissure of jaws, and dirty or livid coloured skin, are the peculiar features of all deadly snakes, which are confirmed by the existence in them of the poison apparatus;—consisting in the upper jaw, of two fangs, ducts, and poison glands, as shown in these coloured diagrams I have drawn for the purpose of better describing them. This head of a tiger snake which I killed on the road a few weeks ago, also exhibits the fangs very distinctly, being permanent, erect, tubular teeth, situated alone outside the regular rows of teeth in the upper jaw; whereas the snakes of every other quarter of the world have the fangs lying back on the upper jaw, which, by a set of muscles, they can erect at will when they intend to use them. Their fangs are a dozen times larger than those of our Australian snakes, which are like the end of a small fish-bone, and are seldom more than one-eighth of an inch long; whilst I have seen the cobra of India, the rattlesnake of America, and the puff-adder of Africa, with moveable fangs half an inch long, and as thick as a small quill. The difference from great depth of insertion, and large amount of virus poured into the wound, thus renders these snakes much more dangerous than our own; still by proper, active treatment, they are often recovered from, which should serve as a good guide to us, with our comparatively harmless class of Australian reptiles.

It is not generally supposed that the bite of the English viper is fatal; but I know of three cases of adults dying in less than six hours; and in France, where they are more common, every year many deaths are recorded. Dumeril and Bibron's great French work on snakes, with splendid illustrations, gives a long account of the European, and every other species of reptile.

I now come to the treatment of Australian snake-bites, about which so much diversity of

opinion exists, producing quite a panic amongst the rural population, which it is our duty to allay, by pointing out to them how easy it is to escape the danger, and by giving them that information which will enable them to act for themselves in those cases of emergency, which nine times out of ten, happen out of reach of medical aid; a man bitten by a snake being very much in the position of a man, unable to swim, falling into the water; if pulled out quickly, he escapes unhurt; and by the same rule, if properly treated as soon as bitten, no harm can follow; himself or the bystanders are the proper persons to administer to his case. Innumerable instances are constantly occurring all over these colonies, proving by their easy cure, the correctness of this assertion; the danger being most often brought about by waste of time in dragging patients long distances into towns, thus enabling the poison to take root tenfold in the system, and often preventing its eradication by any possible means.

From a very large field of observation in New South Wales, extending over ten years, during which time I have paid particular attention to investigating this subject, where I had great facilities for doing so—having collected about two hundred cases of cures, or an average of twenty a year, which have come more or less under my notice from reliable medical authorities, some of which I have treated myself, I am enabled to lay it down as an axiom, that no snake in Australia is equal to killing a man, who, as soon as he is bitten, adopts the three following rules:

1st. Pull up with the fingers the part bitten, and cut out immediately a piece of the flesh as large as a sixpence with a sharp penknife.

2nd. Lie down on a sofa in the open air until quite recovered.

3rd. Get a bottle of brandy, or any other spirits, immediately, and drink a wine-glassful of it pure, without water, every quarter of an hour, until cured, or signs of intoxication begin to appear, which will be the proof that the poison is overcome, and the cure effected.

There can be no objection to sucking the wound and placing a ligature above it, to prevent absorption; but if the part is cut out at once, there is nothing to suck, nothing to be absorbed; and the one being done, nullifies the utility of the other two, and simplifies the treatment. Scarifying the bite is bad, as it still leaves the poison there, and even quickens its absorption by exposing it to a larger surface of blood, which is not at all inclined to flow after a bite, and, therefore, no fear of hæmorrhage need exist after cutting out the part. The blood, in scarifying, does not wash the poison away, but passes over it, leaving it exactly where it was first deposited by the fang. Cutting out the infected part thus does away with sucking, liga-

ture, scarifying, and, I need not add, the necessity of applying any antidote to the bite, which last is simply an absurdity, as from the skin tightening over the puncture immediately it has been made, absolutely prevents any liquid reaching the virus at all; and, if it did, nothing but aquafortis, or potassa fusa, would be of any use, as we have no proof of any milder fluids having the power to decompose effectually the snake virus. The two escharotics I have named are more painful, less portable, less manageable, and less efficacious than the penknife, which thus has, "*ceteris paribus*," the greatest claims to our universal adoption; and, although unwilling to interfere with existing interests, for the public safety, I must say to all inventors or vendors of nostrums called "antidotes," "Othello's occupation's gone."

A very popular error, into which many medical men have also fallen, is the idea that the patient should be walked about to prevent his going to sleep, as if that sleep would be dangerous or fatal, as in poisoning by opium. The cases are entirely different, and what in opium poisoning is indicated and useful, in snake poisoning is contraindicated and dangerous to the patient. Opium brings on coma, congestion of the brain, sleep, and total insensibility, generally terminating in death. Snake poison causes a harmless drowsiness or sleepiness from mere exhaustion of the nervous system—no coma or congestion of the brain; and the patient retains his memory and perfect sensibility, although drowsy from weakness of the body, which invariably disappears under rest and the alcoholic treatment. The patient himself always asks to be allowed to lie down, and is benefited by it, nature here being our best guide. I have seen two cases terminate fatally, many years ago, from this absurd walking about all night, which I am confident, now I am better informed, would have otherwise recovered. The immediate effect of the virus on the system is to paralyse gradually the action of the heart, causing the blood to leave the surface, and accumulate in that and other internal viscera; hence *engorgement* of the heart from sheer inability to propel its fluids through their natural channels. If this continues for any length of time, the congestion increases, until at last, like the pendulum of a clock going down, the heart is overpowered, its action ceases, and death follows.

Total amaurosis coming on in every dangerous case, is another proof of the intense specific action of the poison on the nervous system: absence of all pain in the skin when cut, and of all taste in the mucous tissues of the mouth, pharynx, and stomach, when pure brandy appears like water to the patient swallowing it, as long as he is in danger, are other proofs of the deadening in-

fluence of the poison on the nervous system primarily and specially.

This explains how an otherwise inordinate quantity of pure spirits acts—sometimes two quart bottles having been given with excellent results in cases where, from loss of time, the system has been actually sinking under the too great influence of the poison; and I have known patients recover thus after four hours had elapsed before they could be attended to, and were then considered in *articulo mortis*.

There appears to be a craving after, and a peculiar tolerance in the system, of pure spirits in large quantities, unknown in any other disease, and spirits mixed with water is less grateful to the palate, and often rejected by the stomach; pure spirits appears to antagonise the poison.

Liquor ammonia, in doses of twenty drops or more, in water, may also be given with great benefit, and in the absence of spirits, replaces them better than any other remedy. I think vomiting is more likely to be induced by a mixed treatment; and as it is most important that the stomach should retain the liquid chosen, I prefer adopting either the spirituous or the ammonia treatment singly, of course giving immensely the preference to spirits when obtainable quickly, and in sufficient quantity.

With children more caution should be observed than with adults, and they should take spirits frequently by the teaspoonful. I have known a young child cured by a tumblerful of brandy, which the doctor attending said was enough to kill it, but it did the contrary.

If nothing at all is done, an adult badly bitten will die in from six to twelve hours. The very slow process of extinction of life by the venom of Australian snakes, as compared with the extreme rapidity of action following the venom of snakes of other countries, renders the cure of them comparatively easy, as, although I recommend immediate action after the accident, I know any number of instances where an hour or two has been unavoidably wasted before anything was done, and such cases have invariably recovered, of course with more difficulty, and requiring more spirits, but still treatment was not too late; with cobras, rattlesnakes, puff adders, &c., minutes are like half-hours with our snakes, and even with the best treatment death often occurs within half an hour of the bite of a full charged venomous Eastern reptile. I know one case of a soldier, who was badly bitten at Peshawur, one morning in camp, by a cobra, and the part was immediately seared with a red hot iron. So much rum was given to him that he was said to be tipsy for a month after, but he recovered and is alive now. *A propos* of the red-hot iron, after incision, I consider it the next best external remedy, and if a piece of iron wire and a fire

are handy, persons, if they prefer it, can insert it at a white heat one eighth of an inch into the bite, but it is more clumsy, more painful, and perhaps less efficacious than the knife. I was very much gratified last week in looking over Nelaton's great work on surgery, to find that this eminent French surgeon agrees entirely with my principles of treatment; the passage is so striking, and so important at the present *injection crisis*, that I quote it for the benefit of those who may not have easy access to his work.

Extract from Nelaton's *Elements de Pathologie Chirurgicale*. Page 261, vol. i, 1868:

Le pronostic des morsures de vipères est grave. Sur 203 cas, M. Viand Grand Marais, compte 24 morts, la proportion serait donc de 11 pour 100. Les enfans et les femmes résistent moins que l'homme; aussi dans ces 24 cas compte-t'on trois hommes seulement.

TRAITEMENT.—La partie refroidie sera couverte de flanelles chaudes; la plaie sera cauterisée énergiquement avec un fer rouge à blanc; du vin, des alcooliques seront administrés au malade couché, et enveloppé de couvertures chaudes, car il faut provoquer la réaction aussi vite que possible, &c.

The prognosis of viper bites is serious. Out of 203 cases Mons. Viand Grand Marais had 24 deaths, being about 11 per cent. Children and women resist it less than men; thus there were only three men amongst the 24 fatal cases.

TREATMENT.—The cold limb must be covered with warm flannel; the puncture must be thoroughly cauterized with an iron wire at a white heat. Wine and spirits must be given to the patient in bed, covered with warm coverings, as it is necessary to bring about reaction as soon as possible, &c.

Beck, in his medical jurisprudence, also advises the patient to be put to bed in warm blankets, and I have frequently been told by Americans that when a slave is bitten on the plantations, he is at once sent to bed, given plenty of rum, and invariably recovers.

I could, if necessary, quote other authorities in support of my view of the absurdity and danger of walking patients about who ought on the contrary to be sent to bed, and hope that through this paper the profession and the general public will at last adopt this more rational and beneficial mode of proceeding.

I have been often asked to explain the immunity from danger certain men are supposed to have, who go about exhibiting snakes, and who are apparently bitten by them in public?

The answer is easy, and the explanation also: these men extract the fangs with tweezers, and for a month, until they have grown again, the animal is harmless; or by teasing it with a piece of flannel, they cause it by repeated bites to exhaust the poison apparatus for a time, and its bite is deprived of danger for that day, although it might even then kill a pigeon, a kitten, or a rabbit, but not hurt a man; I have seen this done myself,

and therefore can unravel the mystery. You may take for granted that there is no immunity for any living person from the effects of the poison when fairly inoculated by it, both Underwood and another of his *confrères*, Cartwright, before him having proved that by the penalty of their lives.

I need not trouble you with any details of the chemical analysis of the poison of snakes, or of its effect upon the blood globules, &c., after death, as the Abbé Fontana discovered all that at Lucca in Italy a hundred years ago, and those who are curious of it can see the result of 3000 experiments published in his work in 1767. In Paris, Orfila and Majendie also exhausted the subject forty years ago, as seen in their works.

A few words on the injection of ammonia into a vein, which has of late occupied public attention. I would only say that the remedy is worse than the disease, and that if the bite could not kill a man, he would have a very fair prospect of being killed by such a dangerous and useless proceeding. If ammonia is to be introduced into the system, it can be done much quicker, and in much larger quantities, by the mouth, when it can be repeated every few minutes, than by the complicated, dangerous process of opening a vein; to do what? to throw into the circulation a few drops of ammonia, with the almost certain risk of phlebitis, or of death from air getting into the vein, which is more likely to occur than not.

No sane man would ever subject an individual to an operation so rash, so uncertain, so condemned, and so uncalled for, putting him in imminent danger of his life, when the simple rules already laid down are more than equal to the cure of any case that admits of being cured at all.

All the cases *said* to have been cured by injection have had my treatment given to them first, according to the reports in the newspapers; and then, to make assurance doubly sure, ammonia is *said* to have been injected into a vein, and the cure attributed to that; the excision, brandy, ammonia taken internally getting no credit for it at all. *Ex uno disce omnes* :—

The *Argus* says:—"Further testimony to the value of the new remedy for the treatment of snake-bites, comes to hand. A man named Edmonds, whilst out after cattle, was bitten just above the ankle by a brown or carpet snake five feet long. He fastened a ligature above the wound, which was afterwards *scarified* and *sucked*. A doctor opened the *basilic vein* in the right arm, and a portion of *liq. ammon. fort.*, one drachm, and water two and a half drachms, was *injected into the vein*; forty minims *sps. am. arom.* with one table-spoonful of *brandy* was given every half hour. The patient was kept *walking* about until from exhaustion he was unable to continue the exercise. He was then placed upon a seat, and relays of five men at a

time were employed keeping up a constant friction of the entire body. After four hours of this treatment, the services of the *galvanic* battery were resorted to for two hours, after which signs of returning animation gradually appeared, and the patient could walk about the room, and is now out of danger."

Here is a man having had all the entire battery of remedies ever known applied to him in a few hours, and because he recovers from what appears to be a very simple bite, his recovery is given as an instance of the efficacy of this new invention; the ammonia in all such cases is injected under the skin, no proof of its having actually entered the vein being ever adduced; which part of the programme, I should say, would be better in the breach than the observance.

No case has yet been treated by the injection of ammonia alone, and therefore we have no data to go upon; even if admitting it could be done with impunity by a medical man, and prove useful, the expense and many other difficulties surrounding its execution up-country, would always render it an impracticable mode of treatment, not confirmed like my own, by long precedent, the weight of high scientific authorities, and the experience of innumerable successful cases constantly occurring before our eyes, and throughout the entire world. Instead of running after visionary schemes, let us, in the interest of humanity, of the public, and for the honour of the profession, use our united efforts to propagate this great truth, "that no snake bite in Australia is equal to killing a man who, as soon as he is bitten, cuts out the part, lies down on a sofa, and drinks more or less of a bottle of any spirits, pure, until he is cured."

N.B.—Since this paper has been written, I have accidentally noticed in the *Age* an extract from Orfila's lectures, which, as it entirely confirms my observations on the subject, I think it may be useful to quote here:—"Orfila, the greatest medico-legalist of the French school, says, in his lectures—The experiments on the injection of ammonia into the veins were not attended with the results expected from it both by himself and others, the animals experimented on dying from convulsions of a more or less tetanic character, or from subsequent inflammation of the veins. The injection of this substance into the veins offers no advantage over giving it by the mouth, and its use by injection is attended by a danger of such an inconceivable character, that only a fool or a drunkard would employ it."

ANTHRAX.—Guiseppe, of Milan, declares himself to have been especially successful in the treatment of anthrax by the topical employment of perchloride of iron in conjunction with incisions.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: SATURDAY, FEBRUARY 27, 1869.

THERE are many excellent and noble institutions and societies amongst us, whose labours are performed in such quiet unobtrusiveness, that we seldom hear of the good accomplished or the suffering alleviated by them; and in this category must be placed our sapient Central Board of Health. The public may, perhaps, be aware of the existence of this body; but in this instance, as in many others, we do not appreciate, or indeed admit the vast and important services rendered by it to the community at large, and, like some great men, it will not, till it shall have ceased to exist, be thoroughly understood or its value acknowledged.

It has of late attracted a good deal of attention by its extraordinary proceedings with respect to the epidemic of small-pox, and it may not be out of place to glance at the composition and conduct of this august body.

It is constituted under the "Public Health Act, 1855," which was amended by a subsequent statute, in 1867, and is limited to seven members (and we can see no reason why it should be limited to that number). Up to the present time, however, it nominally consisted of four members only, Dr. McCrea, Mr. Wardell, Dr. Youl, and J. T. Smith, Esq., M.P.; but practically it consisted of the chief medical officer, for the other members, with the exception of Dr. Youl, were rarely present, and seldom consulted; so that, for whatever the Central Board of Health has or has not done, we are indebted to Dr. McCrea, and his worthy *confrère*, the city coroner, who, by the bye, received a salary of one hundred pounds per annum, for discharging duties of a very trivial character indeed; for we believe that from the moment of its foundation to the present time, the services of this Board to the country have not been worth one hundred pence.

The duties devolving upon the Central Board of Health, if properly discharged, are of the utmost importance and advantage to the general community. They should consist of a vigilant supervision of the various local boards of health, compelling them to carry

out the provisions of the Public Health Act, preventing the pollution of all fresh water rivers, collecting, and distributing for general use, the best information upon all sanitary matters, and, by every possible means, disseminating a knowledge of hygienic science among the people. The Board, however, has done little in this way, and we are seldom made aware of its existence, except when it perpetrates some piece of egregious folly, or commits some ludicrous blunder—such, for example, as its recent application for power to forcibly remove persons labouring under small-pox from their dwellings, and to separate them from their kindred. Such an outrageous and despotic act could tend to no earthly good, but, on the contrary, was calculated to spread the disease from one locality to another, and when Dr. McCrea adopted such a mode of procedure, he gave us the best possible proof that he was precisely the wrong man in the wrong place.

We have stated that the Central Board of Health has done little during its existence, except indeed to entail expenses upon the country; but now, since Dr. Crooke, Dr. Bleasdale, and Mr. Crews, have been added to its number, we may expect some improvement in its workings, and energy in its actions. But we believe that until it is completely remodelled, very little may be expected from it.

We cannot see the wisdom of placing laymen on the Board, and we imagine it would be all the better to confine it exclusively to professional men—and to professional men, too, of at least ordinary intelligence, or of undoubted ability, such as those gentlemen possess who have lately become members. If, however, laymen will insist upon claiming a place on the Board, we would suggest that their number be limited to two, whilst that of the professional men be increased to five; and as the duties devolving upon the chief medical officer in other matters are, perhaps, quite as much as he can discharge, we would counsel his retirement from the Board, and, in his stead, the appointment of a thoroughly energetic and enlightened man.

DR. COOPER, of Philadelphia, recommends tonka bean in whooping-cough. The dose is five drops of fluid extract in water every three hours, increased to eight or ten drops. The bean contains the active principle of clover-tops—*coumarin*.

Proceedings of Association.

THE ordinary monthly meeting of the Association was held on Friday evening, February 12th, at half-past seven o'clock.

DR. STEWART, President, in the chair.

Present:—Drs. Reeves, Bowie, Lloyd, Berncastle, McCarthy, Moore, Iflla, Bragge, Crooke, and Nalty.

The minutes of the previous meeting were read and confirmed.

DR. BERNCASTLE read an able paper on the Treatment of Snake-bites in Australia.

A discussion on the subject ensued; in the course of which Dr. Moore wished to be informed how deep the snake fangs usually penetrate.

(Reply, not more than about one-eighth of an inch.)

DR. BRAGGE thought injection of ammonia into a vein not dangerous.

DR. CROOKE referred to his experience of experiments, made many years ago in Tasmania, to test the value of Underwood's antidote, which showed the worthlessness of the so-called antidote; whip snakes on this occasion being found most venomous.

DR. BOWIE stated his experience of the saline injection into the veins in cholera as being uniformly unsuccessful.

DR. REEVES reported a fatal instance of injection into the cell lar tissue.

DR. IFLLA mentioned some facts in relation to snake-bites in the West Indies, where the snakes possess poison fangs nearly an inch long; and spoke against injecting ammonia into the veins.

DR. STEWART stated some facts relating to the treatment of snake-bites at the Cape.

The thanks of the Association were voted to DR. BERNCASTLE for his very valuable paper.

DR. MCCARTHY then read an excellent paper on Small-pox; and was followed by

DR. MOORE reading a most instructive paper on Vaccination and Re-vaccination.

Owing to the lateness of the hour, the discussion on these two papers was deferred until that night week.

ADJOURNED MEETING, FRIDAY, 19TH FEBRUARY.

DR. STEWART, President, in the chair.

Present:—Drs. Moore, Berncastle, M'Carthy, and Reeves.

THE CHAIRMAN stated that the meeting had been called to discuss the papers read before the last meeting—one by Dr. M'Carthy on Small-pox, another by Dr. Moore on Re-vaccination; but before those gentlemen re-read their papers, he wished to make a few remarks on the present manner of conducting inquests. He considered

that many *post-mortem* examinations were held which were perfectly unnecessary. He also thought that no *post-mortem* should be made unless there was some suspicion of foul play, for these examinations were very irritating to friends of the deceased. He also advocated the election of a coroner for each borough. It was intended, he said, to call a meeting of delegates from each township to consider the question.

DR. M'CARTHY then submitted his paper on

SMALL-POX.

After some little discussion, in which the members present supported Dr. M'Carthy's view,

The following paper on

VACCINATION AND RE-VACCINATION,

was read by George Moore, M.R.C.S.L., Public Vaccinator for North Melbourne, and Senior Surgeon to the Benevolent Asylum, Melbourne.

MR. PRESIDENT AND GENTLEMEN,—The subject of vaccination and re-vaccination is one of such vast importance—especially at the present time—that I need, I believe, make no apology for bringing the matter under the notice of the Association.

Vaccination and re-vaccination is, we are all aware, the most effectual mode of stamping out the small-pox, which is now, unfortunately, amongst us, and of preventing any future outbreak of that malady. The Medical Society of Victoria, having recently discussed this question in a vague and unsatisfactory manner, and without adducing any facts to guide the public to a correct conclusion, I shall now, with your permission, endeavour to lay before you the result of my own experience as a public vaccinator for the last twelve years.

That effectual vaccination protects the human system, or nearly so, from the attacks of small-pox, is an established fact; that persons who have been vaccinated take the disease and die, is also undeniable; and that the great majority who take small-pox after vaccination, suffer from it in a very mild form, is equally true.

This, to my mind, proves a peculiar susceptibility to the disease, or that the operation has been ineffectually performed; or that the protective influence of the vaccine virus has lost its effect, and become powerless over the system.

Mr. Marson informs us that for a period of twenty-seven years, eighty per cent. of the patients admitted into the small-pox hospital had been vaccinated, or, as he remarks, *badly* vaccinated; and in a large proportion of the cases the evidences of vaccine cicatrices have been unsatisfactory or invisible: a less percentage showed one mark only; a smaller number two marks; and a still less, three marks; and a much less, four well defined marks.

The public vaccinators here make four distinct punctures with the view of more thoroughly saturating the system. If the system is susceptible of re-vaccination, it is, in my opinion, strong proof that it was not sufficiently protected against small-pox.

The surgeons of the London small-pox hospital have been for the last twenty-seven years in the habit of vaccinating or re-vaccinating every nurse employed in that institution, and in no instance have any of them been attacked by small-pox.

The cases of small-pox which have lately occurred here present a strange contrast to the foregoing statement; for, with the exception of the infant, and one or two others, I believe they all had been vaccinated.

In the Bavarian army, where re-vaccination is compulsory, since 1843 there had not, from that date up to 1855, been a single case of unmodified small-pox, and only a few cases of modified, without any deaths. I have vaccinated some thousands of children and hundreds of adults, and have never seen any ill consequences follow, save occasionally a little erysipelas or inflammation of the arm, which in some constitutions might be produced by the mere scratch of a pin. I have no hesitation in recommending re-vaccination in all cases where the constitution is sound and in good health; that is to say, under the same conditions as the primary operation would alone be urged, believing it to be simple and safe when performed properly with pure lymph.

Parents and others are too frequently in the habit of attributing any eruption of the skin or other illness, or even death, after vaccination, to what they call "bad pock," when, in reality, it is only irritation arising from teething or other different cause. The cases which are accompanied by erysipelas after vaccination in infancy arise no doubt from some peculiar cachectic habit of body, and in all probability similar symptoms will follow re-vaccination in the same individual. I believe there is no danger in re-vaccination; but at an advanced stage of life I consider it would be judicious to consult the family medical attendant before re-vaccination; for then the germs of incipient disease generally make their appearance. The probability of conveying syphilis into the system has been put forward by some, and I believe this is quite possible when the operation of vaccination or re-vaccination is carelessly or ignorantly performed, by puncturing the *vesicle* until blood appears, mixed with the lymph; but I am satisfied it is impossible to introduce it into the system when the operation is skilfully and properly performed, and, of course, with pure lymph. The most recent experiments bear out this view of the case.

With respect to the operation of vaccination the

public are in complete ignorance, and it is considered by them to be one so very simple that almost anyone can do it. I am myself aware that it has been frequently performed by women with a pin, needle, or other sharp instrument; but that the danger must be great in such cases, by the use of unhealthy lymph, there can be no doubt. It certainly requires considerable practice and close observation to recognise the true vesicle which contains the pure and genuine lymph.

Jenner, in speaking of the operation, says:—"A general knowledge of the subject is not sufficient to enable or to warrant a person to practise vaccine inoculation; he should possess a particular knowledge, and that which I would wish strongly to inculcate as the great foundation of the whole is an intimate acquaintance with the character of the true and genuine vaccine pustule."

After an interesting discussion,

A vote of thanks was passed to DRs. M'CARTHY and MOORE.

At the next monthly meeting of the Association, to be held on Friday evening, 12th of March, DR. STEWART will read a paper upon the Introduction of the Hand into the Uterus before the Sixth month of Pregnancy.

Correspondence.

CONTRIBUTIONS OF OUR LYING-IN-HOSPITAL TO THE CEMETERY.

To the Editor of the Australian Medical Gazette.

SIR,—Any person conversant with the vital statistics of Melbourne who will take the trouble to examine the reports of the General Hospital and the Lying-in-Hospital must be struck with the fact that although the death rate has steadily diminished among the inhabitants of the town and suburbs, there has been no corresponding lessening of it in either of these institutions.

The reports of the Lying-in-Hospital for the last few years have shown a steady increase in the number of deaths; from 1 in 408 in 1856-9 to 5 in 371 in 1868; and although those at the head of the institution have, year after year, flatteringly and believably, no doubt, said, when referring to the number of confinements and the number of deaths, "*that though the number of deaths is much in excess of former years, the mortality will contrast favourably with that of any other similar institution in the world.*" It is not the writer's intention to consider this statement in a critical spirit, for it is evidently a stereotyped one, and is to be taken as such, and therefore made without any intention of misleading those who have always so liberally supported the institution. It is, in fact, a kind of figure of speech, uttered to please the sub-

scribers, and make them feel what an efficient staff the hospital possesses; that the system on which it is conducted cannot be improved, and that to bring it under the Charities' Act would be doing an injustice to those who have elected themselves for life, and who naturally consider the hospital to belong to them, as if they had ever given a farthing towards it.

There cannot be a doubt that those who have the interests of the hospital at heart are quite competent to explain why the deaths have steadily increased in number each year, and why it is certainly greater than one institution in the "world"—the Dublin Lying-in Hospital. The writer has before him the very able work of Drs. Johnston and Sinclair, containing an account of 13,748 confinements during a period of seven years. These gentlemen state, "that during Dr. Collins' mastership of the hospital, that out of 13,748 confinements, only 53 women died from labour *alone*, or 1 in 259 $\frac{1}{2}$;" and "that during Dr. Shekelton's term of office, of 13,748, only 1 in 381 $\frac{1}{2}$." They include in Dr. Collins' cases "all those about which there was any doubt as deaths from labour."

In the Lying-in Hospital of Melbourne, from its establishment in 1856 to 1864, out of 1187 confinements, 16 died; or about 1 in 74. From 1864 to 1867, nearly the same number were confined, namely, 1183; of these 20 died, or about 1 in 59. In 1854, 1679 women were confined in the Dublin Lying-in Hospital—500 more than in our hospital in three years—and yet there were only 19 deaths.

Living as we do in a climate favourable for child-bearing, and with plenty of food, the members of the profession must feel that they cannot congratulate the subscribers to our hospital on the low rate of mortality among the women confined there, when the average number of deaths in private practice is scarcely one in a thousand. This estimate may be too high, but it about represents, the writer thinks, the average number. He knows several gentlemen who have had from 1500 to 2000, and more, confinements, and had no fatal cases. In the hospital, about 18 in the 1000 died of the last cases confined there.

In the last report, it is evident that there is some misgiving felt as to the high rate of mortality; for it is somewhat boastfully put forward that, in the ward attached to King's College Hospital, 1 in 13 of the patients died, but with something savouring of—if we may use a colonial phrase—jabberism, it is not stated from what cause.

That the mortality should be as great in an institution as in private practice is to be expected, from bringing a number of patients together, and from bad cases being frequently sent in: but superior

hygienic measures should counteract the first, and the skill which familiarity with bad cases gives, the last. There has been no epidemic of puerperal fever in our hospital; and in looking over the reports, in only one year, 1866, is it stated that "one case died immediately after admission" (she was of course delivered), "and one from dropsy, unconnected with the labour." In a place like Dublin, where want and every cause that can render a confinement liable to be attended with more or less danger, the mortality diminished in a few years from 1 in 148½ to 1 in 381½; yet here, strange to say, it is increasing. What, may the profession ask, and not the profession alone, but the public, who give their money so ungrudgingly for what they believe to be a good object, is the reason why the mortality is so great? *Is it ignorance, or a reckless indifference to human life, or overcrowding?*

If it is either of the two first, the sooner the present system is changed, and the ladies, bearded or non-bearded, requested to attend to their domestic duties, the better for suffering humanity; and some man knowing his work placed in charge, and not likely to play the pranks that have made the profession of this colony the laughing stock of their brethren in Europe. But if it is the last, at once convert the hospital into an asylum for decayed *maquerelles*, and let it have its honorary staff if needed. Yours, respectfully,

AN EX-SUBSCRIBER.

P.S.—I append an extract from the Annual Reports, from the commencement of the hospital to the present time:

| | CONFINEMENTS. | | DEATHS. | |
|--------------|---------------|-----|---------|---|
| 1856 to 1859 | .. | 408 | .. | 1 |
| 1860 | .. | 202 | .. | 3 |
| 1861 | .. | 196 | .. | 4 |
| 1862 | .. | 236 | .. | 1 |
| 1863 | .. | 319 | .. | 4 |
| 1864 | .. | 284 | .. | 3 |
| 1865 | .. | 401 | .. | 7 |
| 1866 | .. | 401 | .. | 8 |
| 1867 | .. | 381 | .. | 5 |
| 1868 | .. | 371 | .. | 5 |

Medical News.

SCARLET FEVER, in rather a severe form, has broken out in Malmsbury.

It was currently reported, says the *Daylesford Mercury*, that a case of small-pox had made its appearance in a family of the name of Trembath.

J. B. CREWS, Esq., M.L.A., Dr. Croke, and the Rev. Dr. Bleasdale have been added to the Central Board of Health.

SMALL-POX has made its appearance in the Tarnagulla district. The local paper says that the first patient, a young woman, recently arrived from Fitzroy.

DR. STEWART and Dr. WILSON, of Richmond, have been appointed additional vaccinators for that district.

THE following names have been added to the list of legally qualified medical practitioners:—William Butler, Redruth; Charles Cooper, Hotham; Charles Duret, Melbourne; Henry Benjamin Hinton, East Melbourne; and Eustace Henry Lever Pratt, Clunes.

At a meeting of the public vaccinators representing the city and suburbs, held on February 15, eleven gentlemen being present, it was decided to wait upon the hon. the Chief Secretary in reference to the subject of re-vaccination, and its great importance as the principal means of arresting the spread of small-pox.

THE MEDICAL SOCIETY OF VICTORIA held their monthly meeting on the 10th ult. A paper on Variola and Vericilla, as now existing in the colony, was read by Dr. Thomas. The majority seem to be agreed as to the nature of the disease, and pronounced it variola. We do not see to what other conclusion they could have come, after the exhaustive labours of the Medical Association.

TESTIMONIAL.—A testimonial, consisting of a silver tea-service and an illuminated address, was presented, at Menzie's Hotel, on the 5th inst., by Mr. Daniels, manager of the Bank of Victoria, Wahgunyah, to Mr. H. B. Wilson, M.R.C.S., late of Wahgunyah, from the residents of Corowa, Rutherglen, and Wahgunyah, upon his entering into partnership with Dr. Croke, of Fitzroy.

TYPHUS FEVER AT SALE.—"It appears that when the coach from Melbourne arrived at the Club Hotel, on Friday, a medical gentleman of this town, struck with the sickly appearance of a child who got out of the vehicle with her mother, remarked that she was suffering from typhus, little dreaming at the time that the new comers were immigrants by the ship 'Tornado.' The mother demurred to the doctor's opinion, and hurried away with her children; but that gentleman insisted upon the appearances presented by the little patient being those of typhus fever. A few hours later all doubt was at an end. Thus, humanly speaking, we may thank the Government health officers in Melbourne for the presence in our neighbourhood of this frightful disease. At last night's meeting, Councillor Macarthur gave notice of a call of the local board of health for Thursday next, to take into consideration the present sanitary state of Sale and suburbs, and to devise means for a careful and thorough examination of the dwellings and premises, with a view to the prevention of the spread of epidemic diseases. As we go to press we have just heard that the child, though still very ill, is slightly better."—*Gipps Land Times*.

Medical Annotations.

MELBOURNE MEDICAL POLITICS.

Up to the time of our latest despatches leaving Melbourne a lively dispute was raging as to the propriety of the Minister of Justice empowering the medical coroner, Dr. Youl, to assign the duty of making all post-mortem examinations within the hospital and within his district to two gentlemen, the Professor of Anatomy (Professor Halford) and the lecturer on Forensic Medicine (Dr. Neild). These gentlemen may, of course, have very exceptional claims and qualities fitting them for this post of privilege. But it would take very exceptional merit on their part, and very exceptional defects in the members of the profession generally in Melbourne, to justify this dissociation of pathology and medical practice. It is very doubtful whether the ends of justice could be furthered by elevating two men into a position in which they would speak oracularly, to the disparagement often of other men whose opinions might be entitled to as much weight as theirs. Such an appointment would not prevent exhibitions of difference of opinion in courts, while it might operate most injuriously on both medical men and convicted persons. It may be that there is something peculiar in the condition of the profession in colonies calling for such appointments as these, but such a condition is one to be deplored and remedied,—not treated as a permanent one. Pathology should be more thoroughly taught in school, and neither in education nor in medico-legal questions should it be dissociated from the study of disease in life.—*Lancet*.

MEDICAL SOCIETIES AND THE GENERAL PRESS: A BAD EXAMPLE.

In the *Standard* of Wednesday last we find a column of small print headed, "Geographical Distribution of Cancer," and commencing with the following passage:—

"At a meeting of the Medical Society on Monday—Dr. Richardson, F.R.S., president, in the chair—an important paper was brought forward by Dr. Haviland, illustrative of one of the fine maps of the geographical distribution of diseases which that gentleman with great labour and pains is preparing from the returns of the Registrar-General." Then follows an abstract of the paper:

"We feel that we have only to call the attention of the officers of the Medical Society to this startling departure from common usage, in order to insure that nothing of the kind shall be permitted for the future. It would be difficult to exaggerate the mischief that might be done by the publication, in general newspapers, of the matters brought before the medical societies; and this mischief

would be of two principal kinds. In the first place, all manner of erroneous notions and groundless alarms might be spread abroad among the public, and in the next place, opportunities would be given for various kinds of puffing and of intra-professional quackery. On this latter ground, it cannot be tolerated that the members of Societies, who contribute papers, should themselves judge of the fitness of their productions for the columns of the daily press. The rule should be absolute that the subjects which are fitted to engage the attention of a medical meeting are not fitted for the readers of a daily newspaper. In the present instance the only effect of this most indiscreet and improper publication will be to frighten some of the dwellers in "sheltered valleys like those of the Severn, the Wye, and the Mid-Devon rivers;" but, if the present instance were left unnoticed, the next paper thus given to the world might be intended to inform these hapless persons of the locality and the custodians of the Bethesda at which the evils incidental to their places of abode might be washed away. We regret to see the name of Dr. Richardson conspicuously heading the objectionable column to which we have referred; and, although we do not now hold him in any way responsible for what has been done, we are entitled to look to him, and to his successors in the presidential chair, for precautions that shall forbid any attempt to pursue a similar course hereafter."—*Lancet*.

[We fully concur in the above remarks, and in our opinion, the daily press should be altogether excluded from the meetings of Medical Societies, at all events that portion of it which employs a medical man to vilify and slander through its columns, those members who are opposed to his views.]—*Editor*.

Notice to Correspondents.

COMMUNICATIONS, letters, etc., have been received from Dr. Berncastle, Dr. Bowie, Dr. Moore, Dr. M'Carthy, Dr. Reeves, Dr. Lloyd, and Dr. Crooke.

ERRATUM.—In No. 2, page 17, eighth line from bottom, read *marks* for *masks*.

Births and Deaths.

BIRTHS.

SHIELDS.—On the 8th inst., at Sunbury, the wife of Andrew Shields, M.D., of a son.

DEATHS.

WILSON.—On the 25th January, Nina Lila Mary, only daughter of H. B. Wilson, M.R.C.S., Gertrude-street, Fitzroy, aged eight years.

WILSON.—On the 10th February, Kate Alice, twin daughter of E. J. Wilson, M.R.C.S., Bridge Road, Richmond, aged six years.

HEISE.—On the 4th January, at Ballarat, Mabel Maud Ellen, infant daughter of William Heise, M.B., and M.R.C.S., aged nine months.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(CONTINUED.)

THE usual detention of pilots on board of the convalescent ship at Stangate Creek, was at that time, for fifteen days. No instance, however, of a pilot being ill in consequence seems ever to have been known. From a communication in the appendix of the Committee's Report, from Sir James Gambier, His Majesty's Consul at the Hague, it appears that there was seldom or never any quarantine imposed in the Netherlands upon arrivals from the Levant. Holland was the only country which had acted independently of others, and which had extricated itself from what was felt to be an unnecessary restriction. Nor does it appear, in any way, from her contumacy.

In 1824, the Select Committee appointed by the House of Commons to consider the means of improving the foreign trade of the country, presented their second report, which was devoted to the subject of quarantine. The Right Honourable C. J. Rous was chairman. Strong evidence was adduced by several gentlemen engaged or connected with the commerce of the Mediterranean of the serious detriment to trade from the heavy expenses and unnecessary delay inflicted upon arrivals.

An example or two will better show the working of the system than any general statements.

In May, 1828, the ship "William Parker" was despatched from Egypt to London, at the same time as the Danish ships "Nerlind" and "Reigelaub" for Amsterdam. All were laden with linseed, and all had foul bills of health. The quarantine charges at Amsterdam have not exceeded five shillings for each ship and cargo, while for the "William Parker" we have paid £188 16s., being at the rate of 8½ per cent. on the whole cargo.

In December, 1820, the "Asia," 768 tons, with linseed, arrived from Alexandria, with a foul bill; the quarantine dues, £640; the freight amounted to £1475.

In the same month, the "Pilate," 498 tons, arrived from the same port, with this kind of cargo, but with a clean bill of health; the quarantine dues were £200; the freight amounted to £1010.

During the prevalence of yellow fever at Gibraltar, in 1813, a vessel of 226 tons was taken up by one of the merchants there who wished to escape the fever, and who brought a few goods, such as he could get on board himself. The quar-

antine duty had to be paid before she was released from quarantine at Stangate Creek, where she had been detained for a length of time, amounted to £124, and her freight was only £75.

In none of the above cases had there been any sickness on board, either during the voyage or on arrival.

So oppressive were the charges imposed on goods by shipping from some of the Mediterranean ports, that it was found cheaper to have silks and such like goods sent over by land from Italy, than to incur the delay and expense of carriage by sea.

In those days a traveller, with his portmanteau, from Naples or Leghorn, might reach England in ten or twelve days, but his heavy baggage, sent round by sea, would not reach him for a month or six weeks later.

The medical witnesses examined by the committee were all of opinion that the regulations of quarantine, as applied to this country, are more than sufficient for its protection from the danger contemplated.

By far the most important evidence was that of Sir William Pym, who spoke from extensive experience, having been for many years quarantine officer at Gibraltar and Malta, and subsequently the superintendent-general of quarantine in this country, and who was thoroughly acquainted with the practice of foreign lazarets. The general tenor of his testimony was strongly in favour of a great relaxation in the existing regulations as carried out in this country. He would dispense with all quarantine detention of vessels with clean bills of health from ports in the Mediterranean, Turkey, and the African coast alone excepted; that in respect of clean bill arrivals from these last named countries, he considered that passengers might safely be landed at once, and the vessel itself be admitted to pratique, if the cargo consisted of other articles than hides, and one or two other (then generally deemed) highly susceptible substances. Even in the case of foul bill arrivals from Turkey or the African coast, but where no sickness had occurred during the voyage, a very short detention was all he thought that was needful, more especially if the bedding and clothing on board had frequently been aired on the passage. He would reduce the number of enumerated susceptible articles, and greatly abridge the period assigned for their purification. He had never known, during his large experience, a single instance of a case of plague occurring in a vessel from the Levant to England, and did not hesitate to express his belief that, with due attention to ventilation, all risk of the spreading of the disease might be prevented. It was found that the medical men and nurses in hospitals escaped, with proper precaution. This was a great step in advance of the doctrine of the age.

With respect to quarantine against yellow fever, Sir William Pym considered that arrivals from even foul bill ports need never be subjected to quarantine detention in this country except during the hot months of the years and then only when the disease has occurred on board during the voyage.

Acting under these views, and the best exertions of Sir William Pym, the parliamentary committee in their report recommended various important changes, all in the way of relaxation in the regulations and practices hitherto pursued, to the great relief and benefit of trade and international intercourse, without the slightest compromise of the public health. Nor was this endangered by the proposed mitigation of the penalties including even capital punishment, for any evasion or breach of the quarantine laws.

The committee were of opinion that large discretionary powers should continue to be vested in the Privy Council in applying quarantine regulations to ships or goods arriving from any port or place whatever, whensoever it shall appear expedient for the public safety.

They recommended a repeal of the existing laws, and the incorporation into a single act of all the legislation by which it may be thought expedient that the British quarantine should be hereafter regulated.

The appendix to the report contains a tabulated list of all vessels which performed quarantine in England, Scotland, and Ireland, during the years 1821, 1822, and 1823, specifying the places whence they came, and whether they had clean or foul bills. At the different stations on the English coast, 1,728 vessels had been detained for longer or shorter periods, not stated; of that number 49 only arrived with foul bills.

In Scotch ports (the Firths of Clyde and Forth) 55 had been placed in quarantine, all with clean bills.

In Irish ports, Dublin, Ballymore, Crookhaven, Berehaven, Belfast, Cove of Cork, Drogheda, Kilrush, Kinsale, Londonderry, Carlingford, Sligo, Waterford, 380 had been put in quarantine, all with clean bills.

The gross receipts of quarantine dues in Great Britain in 1823 were a trifle over £22,000; the previous year it was £14,419. Not above £900 of these sums each year was paid on account of foul bill arrivals, principally from Egypt. The whole of the cost was on clean bill arrivals.

The expenses of the quarantine service during these two years, were respectively £26,000 and £23,704.

The recommendation of the committee was given effect to by the 6 George IV., wherein power is granted to the Crown, on the advice of the Privy Council, to adopt and enforce such measures as

they may deem necessary in respect of vessels coming from infected places, or having any infectious disease on board, or arriving under any suspicious circumstances as to infections. A similar power is likewise committed to them (the Lords of the Privy Council), or any two of them, in the case of any infectious disease breaking out in the United Kingdom, and for cutting off communication between persons affected therewith, and the rest of subjects of the realm.

This Act also authorises the Privy Council, as often as they see reason to apprehend the yellow fever, or other highly infectious disorder prevailing on the continent of America or the West Indies, to require that any vessel coming from, or having touched at, these ports, shall come to anchor at certain places, to be appointed from time to time by the Commissioner of Customs, for the purpose of having the state of health of the crew examined before such vessel can enter any port of the United Kingdom. But such vessel shall not be liable to quarantine unless it be so specially ordered.

In 1825, when Mr. Huskisson was at the Board of Trade, some vessels with foul bills were admitted to pratique by order of the minister. Thereupon the whole United Kingdom was put in quarantine by the Mediterranean powers, and every arrival from Great Britain was subjected to a lengthened detention.

The reappearance of yellow fever at Gibraltar in 1828, after an absence of fourteen years, was the occasion of a Government Commission being appointed, under the presidency of Sir William Pym, to inquire on the spot into the circumstances attending the outbreak, and whether it was connected with any breach of quarantine. In the opinion of the president, and the majority of the members, no such connection could be traced.

In 1831 the steady approach of the Asiatic cholera, for the first time, from the Eastern confines of Europe, and its onward course by the shores of the Baltic and the German Ocean towards our coast, caused strict quarantine measures, both extrinsic and intrinsic, to be resorted to in this country, and in most of the countries in Europe. By 2 Will. IV., cap. 10, the Privy Council were empowered to issue orders, such as might appear expedient, with the view of preventing the spread of the disease; and by 3 and 4 Will. IV., cap. 75, this Act was continued until the end of the next session of Parliament.

DR. JAMES P. MURRAY has requested us to state that he has given up his connection with the *Australian Medical Gazette*. We are requested to state, on the other hand, that the Medical Association dispensed with his services after his connection with the first number.—*Age*.

SMALL-POX AND VACCINATION.

BY CHARLES MCCARTHY, M.D.

(Read before the meeting of the Medical Association, on 12th February, 1869).

MR. PRESIDENT,—The subject of variola, or small-pox, is at present agitating the public mind in a high degree. Is there any occasion for this excitement? I think there is. Have we small-pox amongst us? I answer we have. Let us candidly acknowledge our misfortune, and prepare for it like prudent persons; for in no capacity does man act wisely in deceiving himself.

I shall endeavour in this short paper to point out the cause of the confusion which apparently exists in the controversy, and the differences of opinion relative to this all-important question.

The confusion appears to me to arise from considering the words varicella and varioloid synonymous. The former has no relation to small-pox; the latter is modified small-pox—that is, small-pox communicated to a person protected by vaccination, or by a previous attack of small-pox.

Though it is my intention to be as brief as possible, I find it necessary to enumerate the four diseases which resemble each other:—

1. Vaccinia, or cow-pox.
2. Variola, or small-pox.
3. Varioloid, or modified small-pox.
4. Varicella, or chicken-pox, sometimes called hives, or swine-pox.

I lay down as the foundation of my remarks, and I am supported by the majority of the best authors, both ancient and modern, which I have recently consulted, that there is no connection or relationship between cow-pox or chicken-pox and small-pox. The only real connection is between the second and third, variola and varioloid—small-pox and modified small-pox.

Cow-pox never produces small-pox; chicken-pox never produces small-pox; but the other two, namely, small-pox and modified small-pox, one produces the other; and, lastly, cow-pox, small-pox, and modified small-pox, all three modify each other, but not chicken-pox in respect of any of the others; it does not modify them, nor is it modified by them.

Varioloid is always produced by the poison of small-pox in a body previously protected by vaccination, or by a previous attack of small-pox. Variola and varioloid will produce true small-pox in a person not so protected, but will produce varioloid in a person so protected. As I stated previously, it is not so with varicella or chicken-pox. When varicella is said to produce small-pox, varioloid was mistaken for varicella. This is the opinion of the best authorities, as Abercrombie, Bryce, Luders, Copeland, West, &c., &c.

Mr. Bryce, of Edinburgh, made many attempts

to propagate varicella by inoculation, but failed in all. Now, vaccinia, variola, and varioloid being always and easily communicated by inoculation, and varicella with difficulty, or not at all, the conclusion must be that varicella is not related to variola; but that in those cases stated by Hennen, Thompson, and Wilson, the inoculation must have been from varioloid, and not from varicella.

Hear Dr. Copeland: 1st—It is very difficult to determine, during a small pox epidemic, whether the occurrence of that disease among individuals coming in contact with persons infected with chicken-pox is rather the result of this communication, than of the variolous infection, which at that moment develops the malady on all sides. 2nd—Vesicular varicella, properly so called, is not transmitted by inoculation, and never produces variola. 3rd—Those persons who consider chicken-pox as contagious have confounded it with modified small-pox. 4th—Varicella appears in persons who have not been vaccinated, and who have never had the variola; consequently, in such cases, it cannot be regarded as a variola modified by the prior existence either of this disease or of vaccination. 5th—Vaccination practised shortly after the disappearance of varicella pursues its course in the most regular manner, which never happens when vaccination follows variola. 6th—The progress of varicella is uniformly the same, whether it occurs before or after vaccination, or after variola. 7th—Variola sometimes reigns epidemically without being accompanied by varicella; and, on the other hand, the latter may become epidemic without being attended by the former. In fact, the characters of the eruptions, and the symptoms of varicella, differ essentially from those of variola.

All the circumstances, the history, the symptoms, and the effects prove the truth of the above assertions. Thus, in small-pox we have seven stages, viz.:—

1. The stage of intense fever, frequently accompanied by vomiting, by convulsions, and by threatened coma.
2. The papular stage.
3. The vesicular stage, with depressed centres.
4. The pustular stage, with or without depressed centres.
5. The maturation stage, with secondary fever.
6. The desiccation state.
7. The stage of the falling off of the scabs or crusts.

Now, giving only the least possible time to each of the first six stages, namely, two days to each, that makes twelve days, and giving six days for the completion of the 7th stage, we have eighteen days for small-pox, even for mild cases.

Contrast this with varicella, or chicken-pox.

It commences with little or no fever, no papular

stage, but generally commences with vesicles on the first day, which have no depression, no pustular stage unless irritated, the whole is matured in from three to five days; it leaves no cicatrices, unless inflamed by scratching, nor does it afford the least protection against small-pox; it may attack the same person more than once in its different species; though it may be infectious, it is not propagated by inoculation as the others are.

It scarcely ever attacks the face first, as variola does, and it is principally a disease of infancy, very mild in its nature, and runs its course before variola arrives at its pustular stage. It scarcely requires treatment, and seldom attacks all parts of the body, though it appears frequently in successive crops of vesicles, which is not so in variola.

Varicella is frequently observed in epidemics of small-pox, but this is common with other diseases, especially in cutaneous diseases. The same may be said of diarrhoea in connection with cholera, as well as of measles and scarlatina with typhus fever.

Dr. Heberden, the best writer of his time (1767), describes chicken-pox as follows:—"The initiatory fever is slight, the eruption is vesicular, terminating on the fifth day by minute crusts. It occurs both prior to and after small-pox. It is a different disease from small-pox, and gives no protection from it."

Dr. Gregory defines chicken-pox "as a slight disorder, the offspring of a specific miasm, which, without irritating fever, throws out an eruption of confluent vesicles, which mature in three days, and desiccate into granular scabs, which speedily fall off. Little or no fever accompanies the mature stage, and no secondary fever follows. The disorder chiefly prevails among children, and occurs but once in life."

Dr. Watson says:—"The eruption is preceded by little or no premonitory fever, commencing usually on the shoulders, neck, and breast, affecting almost always the scalp, but sparing very much the face, which, in small-pox, never escapes." He says again:—"It must therefore, I think, be admitted that there is a separate disease called chicken-pox, which springs from a specific poison, produces a vesicular eruption; runs a definite course; has no tendency, when undisturbed, to suppuration; occurs but once, and affords no protection against small-pox; while, on the other hand, small-pox affords no protection against it."

Dr. Copeland also states that varicella is entirely distinct from small-pox, or modified small-pox, and gives cogent reasons for stating so (vol. I, page 313), as quoted above.

Lastly, Dr. West, in 1859, sums up thus:—"The weight of evidence is decidedly in favour of the opinion that varicella is an affection distinct from, and wholly independent of, small-pox, not

being produced by any modification of the poison of that disorder, nor affording any protection from its attacks." He says—"Varicella is almost exclusively a disease of childhood; and in the great majority of cases it occurs prior to the completion of the first dentition."

I think, therefore, it is unnecessary for me to say more as to the non-identity of chicken-pox with either small-pox or modified small-pox, but remark, with Dr. Watson, that in doubtful cases we should use the same precautionary measures for preventing the extension of the disease, as if we were sure that it was modified small-pox. As to the best means of protection against the fearful disease of small-pox, I shall again quote Dr. West, as he is a recent and first-class authority. He says:—"But there is one important fact, concerning which nearly all are agreed—namely, that the liability to a subsequent attack of small-pox is almost *incalculably* diminished by re-vaccination. Considering, then, how simple the operation is, and how nearly painless its performance, while the benefit to be obtained by it is so inestimable, I would strongly urge you to re-vaccinate all persons turned twelve years old, even though they had been vaccinated with the most complete success in their infancy."

To show the value of vaccination in the epidemic at Marseilles, where the small-pox attacked almost exclusively those under thirty years, the inhabitants of that town under thirty years were 40,000, of these 30,000 had been vaccinated, 2000 had had small pox either casually or by inoculation, 8000 had neither small-pox nor cow-pox; of this last class 4000 took the small-pox, and 1000 died; of those 2000 who had had small-pox, only 20 took the disease, and 4 died; while of the 30,000 who had been vaccinated, 2000 took the disease, but only 20 died.

In the epidemic of small-pox in London, in 1838, of 396 admitted into hospital *not vaccinated* 157 died; and of 298 who had been vaccinated 31 died; that is, of the unprotected, forty per cent. died, and the vaccinated, ten per cent. It was also observed that no person under five years who had been vaccinated took the disease; but that the majority of the vaccinated who took small-pox were between fifteen and thirty years of age.

As to the distance at which the contagion may be communicated, it is difficult to determine. Doctor Williams has fixed it from thirty to fifty feet; but it is certain to be carried in clothing, and even it is said to be carried in paper money; it may be communicated to the infant *in utero*. As to the period of incubation, or the time that may elapse between exposure to the contagion and the first symptoms, it is variously stated from four to sixteen days, probably according to the susceptibility of the individual.

In respect of the cases which I saw recently in the Immigration Hospital, there is little doubt but they were all cases of small-pox modified by previous vaccination. In respect of one of them, I cannot conceive how any medical man who ever saw small-pox could doubt it. I attended for years many cases of small-pox in Europe, and, therefore, I had not the slightest difficulty in pronouncing the case of the man to be small-pox at a considerable distance before I approached the bed; nay, there is not another disease in the nosology affording similar appearances. It was a perfect specimen of genuine small-pox. With regard to the depressed centre, that is frequently absent in the pustular stage, and even to a certain extent in the vesicular stage; but I have long been convinced that diseases and their symptoms, as well as their treatment, will be modified by climate; and, therefore, that we must not be surprised if some symptoms be absent. The public are never benefited by being kept in ignorance of present danger; it is therefore our duty to urge vaccination and re-vaccination on those between ten and thirty years.

Correspondence.

BLOOD POISONING AND ITS TREATMENT.

To the Editor of the Australian Medical Gazette.

SIR,—The subject of "blood poisoning" having been often discussed in the columns of the public journals, it occurs to me that an account of personal danger and suffering from this serious malady, with a statement of the means effectually employed to expel from the system the noxious element which had disorganised it, and to restore the blood to its normal condition, may prove interesting to all, and instructive to many of your readers.

For some time previous to the occurrence of which I am about to give you the details, I had been in attendance on a gentleman advanced in years, who was suffering from an enormous carbuncle, which extended from the middle of the left shoulder blade to the loins.

Having for the last three years adopted a new, and hitherto successful, method of cure for this formidable disease, and, looking upon my patient's case as an "*experimentum crucis*" of the efficacy of my remedy, my best energies were devoted to giving it a fair and thorough trial.

When the sloughing stage set in, as might have been expected, the foster educed by a decaying mass of such magnitude was difficult to endure; having to dress the carbuncle twice daily, I had to bear with the offensive odour more frequently than was agreeable. On the day preceding my

attack I had never felt in better health; my appetite and spirits were good. I went through two laborious surgical operations in addition to my other work without any sense of fatigue; and when I commenced dressing the carbuncle, at ten p.m., I felt quite unconcerned at the unpleasant task I had to perform. It occupied me longer than usual, for I found it necessary to remove a more than ordinary large quantity of slough, and, having to work by lamplight, my head during the whole time was in close contiguity to the diseased and foetid mass.

The putrid odours were so bad that, on terminating the dressing, I remarked to the nurse that it was the worst night's work I had had to do. Yet I did not feel in the least affected by it, and after leaving the house, visited two patients, finally reaching home and getting to bed by about eleven p.m.

I had not long lain down when I began to yawn in an unaccountable manner. I soon became restless, lost all inclination for sleep, and was presently seized with sharp pains in the region of the abdomen. These pains, I began to notice, returned at regular intervals. After the lapse of some time I felt inclined to rest my body on the back of the head and the heels, the trunk arching upwards as in "tetanus." The continued and regular recurrence of the paroxysms of pain, and the peculiarity of the position into which I was involuntarily forced, led me to form the conjecture that I was going to be attacked by idiopathic tetanus. Now, for the first time, I felt a sense of cold creeping over me; presently my teeth chattered most disagreeably. Being at length thoroughly convinced that I was about to have a very serious attack of illness, I jumped out of bed. On touching the floor, I was immediately seized with a convulsive rigor of so severe a form, that I was compelled to thrust a handkerchief between my teeth to prevent their destruction. With great difficulty I made my way to the dining-room; there taking a bottle of pale brandy from the cellaret, I filled to the brim an ordinary tumbler and drank it off at a draught. I then called to the servant for hot water and sugar, and finished the remainder of the bottle in three successive draughts, swallowed as rapidly as I could mix them. The horrible rigors from which I had been suffering now ceased, and I found myself able to stand without support. I was thoroughly unable to account to myself in any satisfactory manner as to the cause of this extraordinary attack. My tongue, which I examined in the glass, was quite clean, but the expression of my face was so altered, that I could scarcely recognise my own features; in fact, on looking at myself, it struck me that I bore very much the appearance that I expect I shall have in death. It is well to note that I was

perfectly calm, and in full possession of all my faculties. Feeling that the promptest action was necessary, I sent to the dispensary for an ounce of ipecacuanha wine, and drank it off immediately. No long interval occurred before it produced the desired effect, when, to my extreme surprise, I found that the contents of my stomach were almost black, and strongly impregnated with the foetid smell of the carbuncle I had dressed a few hours previously. I should here remark that I had taken no solid food since 1 p.m., the same day, and that my evening meal had consisted of two cups of tea. The brandy I had drunk was almost colourless.

I was now able to solve the nature of the mysterious attack of which I had been the victim. I felt I had to deal with a genuine case of blood-poisoning; one which admitted of neither hesitation or delay. The measures I instantly resolved on were promptly put in execution. I continued taking the emetic until the fluid returned free from colour and smell. I then took a large dose of calomel, following it up with a strong saline aperient mixture, repeated at short intervals. A second bottle of pale brandy I finished by three a.m. By this time the aperient had acted, and I observed that the alvine secretions were charged with the same odours that were so strongly manifested in the contents of the stomach.

From the time the emetic was taken until the aperient had acted, I was tortured with the most excruciating muscular pains, principally confined to the lower limbs. These compelled me to keep constantly walking about, and I had no relief from them until the aperient had acted freely. I then became comparatively easy, and slept at intervals until five a.m., when I was again attacked with muscular pains of so violent a character, that I was obliged to tie towels and handkerchiefs tightly round my legs to obtain even slight temporary relief. This state of things continued until near nine a.m., when I became so exhausted from the fatigue of constant walking and the free action of the medicine, that I fell into a sound sleep, from which I awoke in three or four hours free from pain and all the distressing symptoms from which I had suffered so much during the night. I felt however very nervous and shaken. I completely lost my appetite for some days, and am only now, after the lapse of a fortnight, just beginning to wear the harness with comfort.

The most interesting and instructive feature in this case is the rapidity with which the poison, after its introduction into the blood through the agency of the lunge, was poured out into the stomach and into the intestinal canal.

This brings to my recollection an incident connected with my early residence in Tasmania, which has an important bearing upon this case.

A gentleman acquaintance of mine, very fond of field sports, had brought with him from the old country a pointer. In the absence of better game, it took to snake killing; and, as always happens to dogs that take to this amusement, soon received a fatal bite. My friend, who was present when it occurred, observing that the hind-quarters were becoming paralysed, threw the dog across his shoulder, hastened home with it, and sent for me. On my arrival, I found he was giving his dog a hot bath. When taken from the tub it vomited a quantity of black frothy matter; there were fowls picking about at the time, and every one that ate of the vomit died within an hour or two.

In this instance the poison was introduced into the system through a small wound in the lip, which I discovered after the dog's death, and was secreted from the blood in the production of gastric juice, and thoroughly impregnated the contents of the stomach in the incredibly brief space of time required to bring the animal from a short distance and administer a hot bath to it.

A most valuable practical lesson can be deduced from these facts, namely, that the vomiting and purging which so invariably follow the introduction of snake poison into the system are caused by an effort of nature to save life, by endeavouring to get rid of the poison through the natural outlets of the body; and that, therefore, in our treatment of all cases of blood poisoning, we should administer emetics and aperients *pari passu* with stimulants, so as to aid her efforts in that direction.

I am satisfied that if I had not taken the active remedies which I administered to myself, or that if I had waited to send for, and consult with, another medical man before prescribing for myself, in all probability the result would either have been rapidly fatal, or, putrid fever ensuing, the same result would have followed, though more slowly.

I confess that I did not take the emetic with any such view; in fact, until it had acted, I was in complete ignorance of the cause or nature of the attack from which I was suffering. I did not experience the least nausea at the time; indeed, the brandy I had just finished had made my stomach feel very comfortable. I took the emetic because, from long experience, I find it to be the very best remedy at the first step in the treatment of the majority of severe and sudden attacks of illness.

I think that my case proves that emetics and aperients, accompanied by the free use of stimulants, constitute the correct treatment for blood poisoning from any cause. If this be true, new and most valuable remedial agents are now added to our means of alleviating suffering and saving life in cases of this description.

Two minor points of some interest deserve notice in connexion with my case. 1. The discolouration of the contents of the stomach. This I attribute to the relaxation of the capillary blood vessels in the coats of the stomach under the influence of the poison, and the oozing out of their contents, as in typhoid fever. 2. The remarkable tolerance of the alcoholic stimulants I exhibited during the attack. I took two bottles of pale brandy between 11.30 p.m. and 3 a.m. without feeling the slightest sense of intoxication, or experiencing mental excitement of any kind.

W. CROOKE, M.R.C.S.

Brunswick-street, Fitzroy.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: MONDAY, MARCH 15, 1869.

THE sewerage of the city of Melbourne and its suburbs has engaged the attention of the public and the profession for many years, an act of parliament having been passed for that purpose so far back as February, 1853, entitled "An act to establish a Board of Commissioners for the better sewerage and drainage of the city of Melbourne, and for supplying water thereto, and to the suburbs thereof." After undergoing various alterations and amendments, the substance of this enactment was eventually incorporated with "The Public Works Statute, 1865." The necessity of sewerage having so early attracted the attention and provident care of our legislature sufficiently evinces the great importance with which the Government of that period regarded this question.

It might be interesting, although foreign to our purpose, to inquire in what manner, or from what cause, the water supply part of the scheme ultimately supplanted the provisions relating to drainage; for the present it is sufficient to state, that to the wise foresight displayed in this enactment by the then legislature, the city and suburbs are indebted for their present magnificent system of water supply, known under the name of the Yan Yean, of which the colony may be justly proud, it being, we believe, second to none in existence in other countries, whether for the purity or the abundant supply of water. Nevertheless, there were not wanting some wiseacres in those days who wrote learned treatises, in which they prophe-

sied the utter failure of the scheme; but although from the title and general scope of the act, sewerage would appear to have been the primary object, or, at all events, a matter of equal importance with water supply, no attempt whatever, we believe, beyond importing a few iron pipes for that purpose, which were ultimately diverted to some other use, was made at carrying into effect the provisions of the act relating to drainage. This neglect may appear unfortunate, but, perhaps, it is better that it is so, as the subject of sewerage and the best mode of disposing of the refuse and excreta of large cities is still *sub judice*; and, indeed, owing to the many difficulties surrounding the question, it is not likely that we are yet acquainted with the most effective means of carrying out a scientific system of drainage, which at the same time will effectually provide for the easy removal as well as the deodorising and disinfecting of all refuse matter, at a moderate cost; and we believe that no system of sewerage which does not satisfactorily fulfil these objects will be of much permanent use or advantage. Facility of removal, and deodorising at a reasonable expense, we regard as indispensable requisites of any system of drainage worthy of the name; as, in our opinion, if either of these requirements be wanting, we shall ultimately be disappointed, and find out, perhaps, when too late, as others have already found to their cost, that we have paid too dear for our whistle.

Scientific sewerage—in which we include not merely the conveying away, but also the deodorising and disinfecting of all refuse matter—as applied to large centres of population, is still only in its infancy; but, no doubt, the combined skill of our modern chemists and engineers will ultimately solve the problem of how most effectually to provide for our wants in this respect; in fact, the sewerage question at present is in much the same position as the science of attack and defence in the military engineer's department, the much-vaunted gun or iron-clad vessel of to-day being superseded by the newer invention of to-morrow. So is it with the present system of drainage, what was lately looked upon as perfect being now ascertained to be nearly worthless, if not absolutely injurious.

The city of Sydney possesses, we believe, a system of underground sewerage; and, if we are not misinformed, the mortality and sick-

ness of that place were by no means abated thereby; and the new system of drainage recently provided for London, devised and executed with surpassing skill and energy, and at an almost fabulous cost, is already, we believe, pronounced a failure, and is creating in another direction nearly as great a nuisance as that which it was executed to remedy.

With such examples before us, it is to be hoped no hasty steps will be taken in providing drainage for the city and suburbs; but that we shall see the wisdom of adopting the principle of "*Festina lente*," as we have much to gain by a wise delay, and may lose a great deal by precipitate haste.

It may be asked, What are we to do in the meantime? We reply that the system of surface drainage at present in existence is quite sufficient for all practical purposes until the principles essential to successful drainage and the disposal of sewerage are more matured, if kept to its proper and legitimate object, viz., the conveying away of all ordinary drainage, and rigidly preventing the flowing into our streets of excreta, whether from private or public establishments; some of the latter, such as the Melbourne Hospital, the Lying-in-Hospital (and more recently the central gaol), to which the public naturally look for an example of cleanliness and decency, having for years been persistently guilty of the heinous offence of polluting the atmosphere and the channels of our streets with every abomination. We believe if these suggestions were carried into effect, and the pumping out of cellars interdicted (such as require pumping out should be filled up), and all leaking cesspools made water-tight, we should have little to complain of, and that the death-rate and sickness of Melbourne would compare favourably with that of the best drained cities of Europe and America.

The present surface drainage of Melbourne, although much abused, yet possesses some advantages; for instance, in summer, the large percentage of pure water cast into the channels cools the atmosphere by its evaporation. The channel water also, to a considerable extent, arrests our troublesome summer dust; and should any offensive matter, such as dead animal or vegetable material, be detained in it, it is readily seen, and removed with facility. Not so, however, with underground sewerage, where there are no means of ascertaining the presence of offensive matter,

unless it causes considerable obstruction, and it can then only be removed at much trouble and expense, as well as annoying interference with the public thoroughfares. In conclusion, we believe that no system of sewerage which does not effectually provide for the deodorising and returning to the soil of all excreta, will meet the necessities of the case.

Medical News.

SMALL-POX IN NORTH MELBOURNE.—On the 12th inst. we had an opportunity, by the courtesy of Dr. Moore, of examining another well-marked case of this disease, occurring in an adult female in a rather severe form.

THE following stipendiary magistrates have been also gazetted coroners of Victoria, viz.:—A. P. Akhurst, Esq.; M. F. Brownrigg, Esq.; W. Butler, Esq.; F. Call, Esq.; C. W. Carr, Esq.; J. M. Clow, Esq.; C. C. Dowling, Esq.; W. H. Foster, Esq.; J. P. Hamilton, Esq.; T. D. S. Heron, Esq.; H. B. Lane, Esq.; G. Langford, Esq.; L. M'Lachlan, Esq.; G. Mollison, Esq.; F. K. Orme, Esq.; J. A. Panton, Esq.; C. A. D. Pasco, Esq.; B. Smith, Esq.; C. E. Strutt, Esq.; E. P. S. Sturt, Esq.; W. Templeton, Esq.; J. C. Thompson, Esq.

FOR the second time a jury have been unable to come to an agreement as to what verdict should be returned in the case of *Barnett v. Reid*. It will be remembered that this suit, which was an action brought to recover damages from the defendant on the ground of his improper treatment of the plaintiff while she was under his care in the Geelong Hospital, was heard some months back, and that then the jury were discharged without returning a verdict. The case has been re-heard; the second trial lasting three days, and the result is, that the jury have again been discharged without arriving at any decision. It was shown that Mr. Reid, the defendant and the resident medical officer of the Geelong Hospital, was in the enjoyment of a very extensive private practice. The plaintiff's counsel contended that Mr. Reid devoted a good deal of the time that should have been spent upon his official duties in visiting his private and more profitable patients, and that the hospital patients were consequently neglected. The Chief Justice, so far from seeing anything objectionable in Mr. Reid's position, argued that it was to the benefit of the institution that its medical head should have as much outside business as possible. He said that Mr. Reid could improve his knowledge of medicine, and his ability to deal with disease, by his extensive outdoor practice.

GREENSBOROUGH is again threatened with an outbreak of small-pox. A fresh case was officially reported to Dr. McCrear as having occurred there, and he at once went out to examine the patient.

A CASE of the true typhus fever has occurred in Geelong, and has terminated fatally. The victim is a young man named Curry, employed at Messrs. Humble and Co.'s foundry. The two medical men who attended the sufferer have both stated that the result of their diagnoses has been that they are of opinion that the disease was undoubtedly typhus, and this is supported by gentlemen who have seen cases of this fell complaint.

At an inquest held a few days ago at Sunbury, the body was removed a greater distance than was necessary or warranted by the regulations, the convenience of the coroner being deemed of more consequence than the feelings of the friends of the deceased. Mr. Richard Brodie, at whose house the death occurred, conceiving very rightly that he had cause to complain of the police, has addressed a formal complaint to Captain Standish on the matter. The printed instructions to the police require them to convey the body to the nearest inn. For our part, we think that in nine cases out of ten the body should not be removed at all.

DEATH FROM SNAKE-BITE AFTER INJECTION OF AMMONIA INTO THE VEINS.—We make no apology for extracting from the Sydney papers the following particulars relative to a case of fatal snake-bite:—"The woman who died at Vaucluse, near Sydney, on Wednesday morning, 24th February, from the bite of a black snake received on the previous Monday, was subjected to Dr. Halford's remedy of injecting ammonia into the veins. The application was made some hours after the bite had been inflicted, but the unfortunate victim did not rally. Mr. Fisher was indefatigable in his efforts to counteract the effects of the poison, and it was hoped up to Tuesday night that the woman would recover. Drs. Nathan and Walker attended and applied the injection of ammonia. On the certificate of these gentlemen, it has been decided that no inquest is necessary; but in view of the peculiar interest of the case, we think the absence of a coroner's inquest is much to be regretted."—*Sydney Empire*.

THE *Sydney Morning Herald* states "that Mr. Fisher scarified the punctures and then applied ammonia and ipecacuanha to the wounds, putting a ligature above the hand (the part bitten); ammonia and brandy (in what quantities is not stated) were also administered at intervals, and the woman was kept walking about for some two hours. At this stage Drs. Nathan and Walker arrived, and took charge of the patient, whom

they considered to exhibit favourable symptoms, and on the day following she was thought out of danger."

Medical Annotations.

SMALL-POX AT FITZROY AND TARNA-GULLA.

THE following is a copy of the document lately laid before Parliament, by the Hon. Mr. Casey, Minister of Justice. We should like to know what is meant by the phrase, "telluric influence," whether the learned Doctor thought the honest Saxon term, "earthly" (the equivalent of "telluric"), below the dignity of the subject. What arrant nonsense to endeavour to attribute small-pox, at Fitzroy and Tarnagulla, to "telluric influence," when there were, at the period referred to, at least a dozen persons in various stages of undoubted small-pox in Melbourne and suburbs, admittedly introduced by the Avon Vale.

"Medical Department,

"Melbourne, Feb. 25, 1869.

"SIR,—Since my last report on the epidemic of *small-pox* or *chicken-pox* in Melbourne and its vicinity, two other cases have occurred, which are in many respects *very remarkable* as bearing on the origin of the disease, and as supporting the idea expressed in my last report, that it was a disease of varioloid type arising independently of the small-pox, which was brought to Melbourne by the mate of the Avon Vale.

"The first of these cases is thus reported by Dr. Grant, the health officer of the local board of health of Tarnagulla, a township in the Loddon district:—

"Wm. Kimpton, a farmer's son, aged eighteen months, residing at Laanecoorie, has been ill with gastric fever about three months. About one week previous to the 4th of February was in a state of great fever, and on the 4th of the same month an eruption made its appearance, which has now all the characteristics of veritable small-pox. The pocks are shotty to the feel, depressed in the centre, containing pus, and having a black spot; also peculiarly offensive at times; the tongue and fauces ulcerated. The patient was vaccinated about four months back, and has two well-defined marks of vaccination. The eruption appeared first on abdomen, next face and seat, lastly on back. I find that a sister of the child, aged twelve years, arrived on a visit from Mr. William Kimpton, grocer, &c., Brunswick-street, Fitzroy, the Monday before New Year's Day, and returned to Melbourne three weeks since."

"If this description be correct, this is an undoubted case of small-pox arising *without any*

source of contagion. The sister who came from Fitzroy had no disease. There was no disease at Fitzroy at the time, and she could not have carried any disease of the kind with her in any way; yet in this farm-house, a quarter of a mile from any other habitation, near a small town 117 miles from Melbourne, arises a case of disease so similar to small-pox that the signs of the disease cannot be distinguished from it.

"The next case was that of a gentleman living in one of the principal streets of Fitzroy. He was taken ill on the 18th of February, with symptoms of premonitory fever. On the 20th, the eruption came out on the face, head, arms, and breast. I saw him on the evening of the 22nd, and the next morning he was removed to the Royal Park Hospital. The eruption has been gradually increasing since Saturday the 20th, and is now very extensive over the head, breast, trunk, and limbs, many of the vesicles showing the indications of true but modified small-pox. There is also a good deal of the peculiar smell of small-pox about this patient.

"He had been for some time previously in the habit of going about between Fitzroy and Swanston-street. He has not been near the Royal Park nor the west end of Melbourne for many months. Allowing fourteen days for the incubation stage in this disease, the 5th of February was the day on which he took the disease. At this time there was not a case of the disease in either Melbourne or Greensborough, except one that had been removed to the Royal Park Hospital, on the 19th of January, and who has been convalescent for more than a fortnight.

"I think the proof in these cases is quite clear that the subjects of the disease could not have contracted it by contagion, and the conclusion seems to me to be irresistible that the disease has arisen from some atmospheric or telluric influence, which has been epidemic for some months, affecting individuals in a very irregular way, selecting them here and there, and sometimes becoming endemic, as at Greensborough, in a similar way to that in which scarlatina, which is never absent from this colony, becomes epidemic and endemic occasionally.

"I have the honour to be, sir, your most obedient servant,

"W. M'CREA, C.M.O."

Dr. McCrea is not silenced yet. He now retracts his admission, tardy as it was, that small-pox had been spread in the colony by the landing of the mate of the Avonvale. He retires to his old position strengthened with two fresh cases, one from the Loddon, 117 miles from Melbourne, and the other from Fitzroy. The patient on the

Loddon is a poor little boy, who unfortunately cannot be dragged down to the Royal Park. Dr. McCrea has not seen him, but receives a report from a local physician, who finds the case to be a most surprising one of rash, corresponding with all he has read of the small-pox cases in Melbourne. By a most unfortunate coincidence, the boy's sister went from Fitzroy to see him at the beginning of the year, or about a month before the eruption broke out. The girl, we are told by Dr. McCrea, has not had small-pox, so of course she could not carry the infection. What is the inference? The disease is varioloid, attributable to "atmospheric and telluric influences"—a rather vague explanation to the general public, but perhaps clear enough to the scientific mind. The second case is even more convincing. The patient is one of those whom Dr. McCrea sent to the Royal Park himself, in deference to the absurd prejudices of his medical brethren. The case occurred in Fitzroy, and the unhappy patient became subject to the "atmospheric and telluric influences" while walking in a straight line backwards and forwards from his home to business in Swanston-street, never diverging from his course to visit the forbidden shades of the Royal Park, or the tempting precincts of the Immigration Hospital in West Melbourne. Yet he has it. The case is clear. Varioloid is the word—and after all, what more does the dispute resolve itself into than one of words? Suppose a man to be afflicted with all the inconveniences attending small-pox in the shape of tormenting pustules all over his body, what on earth does it matter to him whether the disease be called small-pox or varioloid? Whether it is traceable to the mate of the Avonvale, or to "atmospheric and telluric" influences? One thing, however, we cannot help remarking, it is singular that these mysterious influences should be provoked into play just when the infected mate of the Avonvale lands on our shores, that nothing was ever heard of them before, and that their influence was first manifested in the very lane where he died.—*Age.*

ANOTHER victim has succumbed to the fell disorder which now seems to have become acclimated in Victoria, and which the Chief Medical Officer seems to consider comparatively harmless—merely the result of "telluric or atmospheric influences." The man who was taken from Fitzroy about nine or ten days ago to the Royal Park Hospital died, and was buried on Saturday morning. The poor fellow had been delirious for a couple of days, and so violent that it required two men to control him. His sufferings are described as having been terrible, his cries being heartrending, and showing most plainly the dreadful agony he was undergoing.—*Age.*

Snake Poison and its Antidote.

By CHARLES J. SMITH, Inspector-General of Hospitals, Madras Army, retired.

As far back as 1833 or 1834, Mr. Smith published in one of the Calcutta journals a case of snake-poison, and an account of some experiments on dogs that satisfied him that liquor ammoniæ, if given in sufficiently large and frequently repeated doses, is a perfect antidote. Mr. Smith was in medical charge of a troop of Horse Artillery at Bangalore, when a snake-charmer was brought to the hospital, who had been bitten, about half an hour previously, on the back of his right hand, by a large cobra. When admitted he was insensible, and had very much the appearance of a man under the influence of opium. Mr. Smith at once placed a tourniquet on his arm, and thus cut off in some measure the further supply of poison from the wound to the system; applied nitric acid freely to the wound; and bled him in that arm, with the view of removing a portion of the poison remaining in the limb. At the same time he gave, every ten or fifteen minutes, liquor ammoniæ in half drachm doses, diluted with as small a quantity of water as enabled him to swallow it. A cold douche was applied to the head, and a blister to the neck; and, as his pulse was failing, Mr. Smith kept up artificial respiration for some time by the only means at his disposal (blowing into the mouth and nostrils). After about four hours' hard work, the man's life was safe.

Shortly after this, Mr. Smith tried the effect of liquor ammoniæ on dogs. Having procured some fresh cobras, he had the dogs held, and the mouth of the snake fairly applied to the bare part inside the thigh. The dog was then left till the poison took effect. When he administered the liquor ammoniæ, in every instance the dog was saved; while those to whom the antidote was not given died.

Mr. Smith considers that liquor ammoniæ is a direct antidote, and does not act merely as a stimulant, as it is generally efficacious in cases of poisoning in the dissecting-room.

DELIRIUM.

By C. HANDFIELD JONES, M.B., F.R.S.

THIS paper contains the histories of eight cases, intended especially to illustrate the symptom of delirium. In the first case it was mainly the result of mental anxiety, and after the exhibition of a few doses of antim. potass. tart. gr. ss, with some morphia and henbane, the attack subsided. The second was a case of mania transitoria, which passed off in a few days. The third was hysterical delirium, which was quieted by chloroform inhalation. The fourth was epileptic. The fifth,

slight delirium in a very debilitated subject following epistaxis. The sixth was the case of a stout man physically overworked, whose mind had suffered from a severe shock six years before, and from the effects of which it had never quite recovered. He was treated with strychnia, nitric acid and valerian, and other tonics, and recovered in a short time. Cases seven and eight were both fatal—the former a complication with fever and tuberculosis, the latter with convulsions. The author closes with remarking that delirium and convulsions are allied conditions; in both there is undue excitability and mobility. They may be taken as a type of irritation, which condition has the following features:

"The part affected is *unduly impressionable*, is less tolerant of its natural stimuli than in health; its *functional energy is lowered*, it is less capable of doing its appointed work, but is much more readily set in action. At the same time, its *nutritive actions are deranged*, its secretions (if it be a secreting organ) are often increased, or morbidly changed, while its vessels, participating in the general enfeeblement, no longer duly regulate the blood-supply, or restrain their contents from exuding in excessive quantity."

ON HYSTERIA.—This disease the author very properly removes from the category of those connected with the sexual organs of the female sex, into which its rarity among males had thrown it. That rarity he attributes to their having greater powers of will; led to that opinion by the successful cure of hysteria by cultivating powers of self-control, and the injury done by "uterine" remedies, and by anti-hysterics, when the real moral management is neglected to make way for them. The physical pathology of the disease he lays in deterioration of the general health, impaired nutrition, and a feeble circulation with exhausted brain.—By J. Russell Reynolds, M.D., F.R.C.P.

NOTES OF THIRTEEN CASES OF DELIRIUM TREMENS.—The cases of delirium tremens detailed by Dr. Thomas, M.D., formerly medical superintendent of the Barony Parochial Asylum and Poorhouse, Glasgow, were treated principally by means of tartar emetic. He was induced to adopt the use of this medicine by having observed its almost marvellous effect in a case which came under his observation whilst house surgeon of the Greenock Infirmary, in the year 1856. The case was sent in by Dr. James Wallace, who had at that time the charge of the medical and surgical wards. The patient, a gentleman from England, exhibited all the symptoms of delirium tremens; and various remedies were tried upon him, fully and fairly, without the slightest benefit. Having exhausted every other remedy, Dr. Wallace re-

solved to give tartar emetic in quarter-grain doses, as advocated by Dr. Peddie of Edinburgh; and the patient, who previous to its administration had shown no symptoms of amendment, fell asleep after the second dose, and, sleeping soundly for about eight hours, awoke perfectly recovered. The favourable impression then left on Dr. Thomas's mind has not since been eradicated by its further use; but the conviction has been strengthened that this medicine is a most potent weapon with which we are able to cut short in its career the course of this particular disease.—*Edinburgh Medical Journal.*

CASES OF DELIRIUM TREMENS, WITH CLINICAL REMARKS.—Dr. Fraser relates the particulars of several cases of delirium tremens occurring in the London Hospital, and he makes some practical remarks upon the treatment which he has found most efficacious. He appears to rely chiefly on the use of stimulants and the administration of opium, his own experience showing that the greatest success followed that mode of treatment. He, however, tried the effects of digitalis; but all the cases witnessed by him in which that drug was tried in the treatment of delirium tremens, were unsuccessful. In reference to the treatment of the disease without stimulants, he has witnessed only a tolerable amount of success, and he gives the number of cases so treated which had fallen under his own observations and their results, showing that those cases did best in which a moderate amount of stimulation was resorted to.—*By Dr. Fraser.*

THE *British Medical Journal* says a careful census has been recently taken, of which the object has been to estimate the amount of cretinism in the valleys and mountains of Switzerland. In the nineteen cantons there were found 3431 cases of cretinism and 8258 cases of insanity, and, as the population of the country amounts to 2,082,119 inhabitants, it follows that these 10,689 persons of weak mind give the enormous proportion of one mentally diseased person to 202 inhabitants; and even this is believed to be below the truth.

"ON the Cape and East India station the sickness [last season] was in the ratio of 1:861 per 1,000 of mean force. It was increased by an epidemic of small-pox in the Octavia, 165 cases having occurred in a ship's company of 610. The Octavia was taken to an anchorage near Bombay, and the sick were removed to temporary hospitals on shore. Six deaths were caused by the disease, and, with regard to the apparent amount of protection afforded by vaccination, the following statistics are obtained, viz.:—On the 1st of March, when the Octavia left Bombay for the Persian Gulf, there were on board 610 officers and men (ninety-five of whom were supernumeraries.) Of these 589 were 'protected' by vaccination, and

twentyone (fourteen of whom were Kroomen shipped at Sierra Leone when the Octavia was on her way out from England), were 'unprotected.' Of those protected 437 escaped altogether, while 147, or 24.9 per cent. were only attacked with symptoms of primary fever, or with the disease in a 'distinct' and comparatively mild form, all of whom recovered, and only five, or .8 per cent., with the confluent form, and those also all recovered. While of the 'unprotected,' all were attacked; eighteen, or 85.7 per cent., with the disease in its confluent form, of whom six died; and three, or 14.2 per cent., with severe attacks of the distinct form, all of whom, however, recovered. It was a further illustration of the protective influence of vaccination, that not one of some forty officers and men who were re-vaccinated in the early part of April proved susceptible to the operation, or, to use the ordinary expression, 'took.'"—*Times, 25th November.*

HONORARY HEALTH OFFICERS.—The Improvement Commissioners of the town of Newark (Notts), at their meeting a fortnight ago, elected Mr. E. Welby, M.R.C.S., to the office of "Honorary Officer of Health;" but Mr. Welby, it appears, has declined to accept the appointment, on the ground that the question whether any salary should or should not be attached to it had not been determined, as in the event of a salary being given he would not stand in the way of any medical man who might be willing to undertake the office. We beg leave to say that an "honorary" health officer is an anomaly which should not be countenanced by any member of the medical profession. The efficient discharge of the duties of a health officer implies the devotion of time thereto, which is, or ought to be, valuable to its owner, and should therefore be properly paid for; their inefficient performance, of course, nobody, least of all a medical man, should sanction.—*Lancet.* [We heartily endorse the foregoing observations.]—*Editor.*

Births and Deaths.

DEATH.

JACKSON.—On the 8th inst., Henry Gilbert Jackson, M.R.C.S., resident medical officer at the Collingwood Lunatic Asylum, son of Gilbert Jackson, Esq., of Leeds, Yorkshire, England, aged twenty-eight years.

Notice to Correspondents.

A LETTER from "Fair Play," about Dr. Tracey's (?) suggestion on the Single Ward system, has been received, but too late for insertion.

OWING to pressure on our space, Dr. Reeves' communication is unavoidably held over for the present.

ERRATA.—On page 38, column 1, line 11 from top, for *efficious* read *efficacious*. Page 89; column 2, line 19 from top, for *vericilla* read *varicella*.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued.)

THE southern countries of Europe, which had entirely escaped the cholera, while the Baltic provinces, Germany, and our own country, were suffering in 1831-32, naturally enough, first ascribed their immunity to the more rigorous quarantine they had adopted. Their escape, however, proved but temporary. From 1834 to 1837, Spain, Italy, etc., were successively invaded, in spite of every effort to exclude the disease.

Nowhere was rigorous quarantine, both by sea and land, kept up so pertinaciously to the last moment as in the Neapolitan dominions, and few countries were eventually more severely visited.

Lord Palmerston, in a despatch to our ambassador at Naples, in 1836, uses these words:—"It might have been expected that the experience of the last few years would have satisfied all governments that quarantine regulations have everywhere proved ineffectual to arrest the progress of the cholera, and that, consequently, such regulations imposed unnecessary restrictions upon the commercial intercourse of nations."

The signal failure of quarantine as respects the cholera served still farther to shake confidence in its general efficiency, and had awakened the attention of our own government and that of France to the necessity of considering the existing practice of it in reference to the plague, more especially as complaints were being made continually, both by ships of war and merchant shipping, of the intolerable obstructions they encountered in most of the ports in the Mediterranean, to the detriment of the public service, as well as of commerce and international communication. Moreover, the careful researches on the spot by various European physicians resident in Egypt during the terrible epidemics of plague there in 1835-36, had convinced them of the fallacy of the doctrines then in vogue respecting the usual mode of the origin and propagation of the disease, as well as of the uselessness of the complex and oppressive regulations generally directed against the apprehended importation by shipping into other countries.

In 1838, it was proposed by France, and acceded to by the British Government, to form a congress of delegates from the different European states having ports in the Mediterranean, for

adopting some uniform and more simple system of quarantine. Lord Palmerston, then Foreign Secretary, at once acceded to the proposal, but it was dropped, in consequence of being interfered with by Prince Metternich, on the part of the Austrian Government.

In 1839, the British Government instituted some independent inquiries, in consequence mainly of a statement in the able report of the Crown commissioners who had been appointed to inquire into the conduct of the officers at Malta—it being said, "that it is notorious the mode or modes in which plague is communicated are perfectly known, and that some of the maxims upon which the most important quarantine regulations rest are little better than gratuitous hypotheses."

It was suggested that two or more medical men should be sent by Government to all those ports of the Levant where plague most frequently exists, with the view of collecting ample and authentic information upon the manner in which it is propagated, or liable to be communicated.

Sir William Pym, to whom the subject was referred by Government, wisely recommended that a series of queries, which he drew out, respecting the alleged contagion, or communicable properties of the plague, the usual period of its incubation, etc., should be forwarded to the consuls of different nations in the East, more especially to those at Alexandria, for the purpose of obtaining from the resident medical men there, and from other competent persons, the most reliable information on the subject.

To this judicious advice, happily acted upon by the Government, we owe the large amount of important evidence of the many able French and Italian physicians, and also of our countrymen, Drs. Laidlaw and Abbott, published in the voluminous compendium relative to the contagion of plague, and the quarantine regulation of foreign countries, in 1836 and 1843, presented to the House of Commons by command of Her Majesty. It contains also the interesting reports of Dr. John Davy, who had been sent to Constantinople by Lord Palmerston to investigate the question whether the plague is contagious or not, and to give his opinion of the expediency of the quarantine management intended to be established in Turkey.

In a despatch addressed to Lord Ponsonby, the British Ambassador, in February, 1839, Lord Palmerston says with great truth: "I have to instruct your excellency to endeavour strongly to impress upon the Turkish Government that they would more effectually prevent the breaking out and spreading of the plague by introducing cleanliness and ventilation into the city and suburbs of Constantinople, than by any such violent inter-

ference as is proposed with the domestic arrangements of families."

It is quite certain that the plague is much aggravated, if not absolutely generated, by the want of cleanliness as well as the want of sufficient ventilation in houses, and by the want of proper drainage in places contiguous to habitations. And if the Turkish Government would, in the first instance, apply vigorous measures to correct these evils, they would strike at once at the cause of the disease, whereas, the schemes which they have now in contemplation, will only be productive of inconvenience and suffering to numerous individuals. [The same advice is well worthy the consideration of the sanitary authorities of this colony. R. B.]

In 1843, the Earl of Aberdeen, who was then Foreign Secretary, renewed the attempt, in concurrence with France, to bring about a meeting of delegates, but again the effort was marred by the dilatory policy of Austria. Foiled in direct action, France, through her Royal Academy of Medicine, now appointed a commission to examine minutely into the various questions in dispute respecting the plague, and the quarantine usually exercised against its introduction.

The results of that inquiry, which extended over more than twelve months, were embodied in an elaborate and able report, published in 1846. It is a work of the highest authority, and, taken in connection with the evidence in our parliamentary correspondence of 1836 and 1843, it exploded—it is to be hoped for ever—the absurd directions respecting the properties of the plague which had so long been held, alike to the discredit of common sense and of science, and to the serious interruption of international intercourse. Plague was shown to be similar in almost every respect to the typhus and typhoid fevers of our own country, favoured by the like circumstances, and controllable by the same means.

In the meantime this country had not been altogether inactive. In the session of 1844 the House of Commons resolved that—"The House approves of the various relaxations of the laws and regulations which have from time to time been introduced, and directs that such further relaxations may be urged upon the attention of foreign governments, and adopted at home, as may be found compatible with a due regard to the public health and the commercial interests of the community." And, in October of the same year, Sir William Pym, the superintendent of quarantine, was directed to visit and report on all the stations of the Mediterranean where lazarets and quarantine existed. This inquiry resulted in the recommendation of some very useful changes, all tending to the mitigation or the abolition of existing quarantine regulations and prac-

tice. He established, beyond all dispute or contradiction, this most important position among others, viz., that there was no evidence whatever to show that a single case of plague, or of sickness at all like it, had ever been known to occur in any country from the manipulation of goods, or declared to be infected merchandise landed in a lazaret. If such was really the fact, where was the necessity for the cumbrous and expensive procedure that was taken for preventing diseases which have in truth no existence.

The records of lazarets also proved that disease has seldom or never spread from even the sick to any other of the inmates or to the officials of these establishments.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

DR. TRACY AND THE LATE DR. TURNBULL'S SUGGESTION OF THE SINGLE WARD SYSTEM AT THE LYING-IN HOSPITAL.

To the Editor of the Australian Medical Gazette.

SIR—At the annual meeting of the subscribers to the Lying-in Hospital, in 1867, the late Dr. Turnbull strenuously advocated the great advantage of separate rooms for puerperal women, and in alluding to the present arrangements, he remarked that it often necessitated two women being confined in the same room, scarcely large enough for one. He at the same time earnestly advised the building of additional single wards, as of much more advantage than expending the funds in erecting a dispensary for out-door patients, which, he said, might be dispensed with for some years. He foretold that the result of such overcrowding would be an increased rate of mortality.

Dr. Tracy opposed him in these views, and lent the weight of his influence in preventing the building of these wards; and asserted that for some years such increased accommodation was unnecessary, and that the dispensary was of primary importance.

But now Dr. Tracy hesitates not to adopt his suggestions as the offspring of his own observations.

I am, sir, yours respectfully,

13th March.

FAIR-PLAY.

To the Editor of the Australian Medical Gazette.

SIR,—Several years have elapsed since I pointed out the danger likely to arise from a polluted river; that if care were not taken to prevent the

water of the Yarra from being rendered impure, the day might come when it would be found that a foul river was a dangerous neighbour.

My warnings passed almost unheeded; indeed, when I addressed a letter to Government complaining of nuisances being established in the vicinity of the lunatic asylum, such as a boiling down concern and manure depot, the smells from which were so abominable, that patients ascending and descending the stairs to the upper story of the new brick building were seized with retching and vomiting, my complaint received no further notice than the reply that there was no nuisance. I hope the members of the Medical Society, who *have lately awoke* to a sense of the necessity of a little more sanatory exertion being required than has hitherto been practised, will not receive a similar reply to their recommendations.

In England I experienced great opposition in my attempts to remove nuisances, even when a fearful and malignant disease was raging—cholera—although the most successful mode of arresting it was strict attention to cleanliness.

Should small-pox spread in this colony, either by contagion or infection, and who can venture to say it will not (having once got admission)? it may extend with increased rapidity and mortality, for small-pox has been known, in many instances, to spread slowly at first and more rapidly afterwards.

Referring to the various public journals for years past to my efforts to draw attention to sanatory measures.

I am, sir, your obedient servant,
ROBERT BOWIE, M.R.C.S.

COTTAGE HOSPITALS.—The beneficial results which have followed the institution of *village or cottage hospitals*, and the favourable reception and constant use of such hospitals by the poor, have frequently been made the subject of comment in these columns. We are not therefore surprised to observe that already cottage hospitals are becoming too small to meet the increasing demands for admission made by the poor, who find that they are spared many vexatious delays, weary journeys, and much unbearable expense, by entering them, whilst they obtain speedy relief for their ailments. This is the case at Fowey. The cottage hospital there has been in existence eight years, and is now almost self-supporting. More room is needed, however, and an eligible site has been promised for the erection of a suitable building, to cost £300. The plan, we need scarcely say, has our hearty concurrence, and especially as we learn that the hospital exists not only for agriculturists, but for miners, and afflicted and friendless sailors, sometimes foreigners, who happen to be brought into the neighbourhood.—*The Lancet*, Jan. 2, 1869.

PROCEEDINGS OF

The Victorian Medical Association.

THE ordinary monthly meeting of the Association was held on Friday, 12th March, 1869, at the Port Phillip Club Hotel, at 7.30 p.m.

There were present: Dr. Stewart, President, in the chair; Drs. Curtis, Berncastle, Reeves, McCarthy, Crooke, Ifla, Nalty, Moore, and Lloyd.

The minutes of the previous meeting were read, and confirmed.

Dr. Berncastle reported a death from snake-bite, at Vacluse, near Sydney, after injection of ammonia into the vein.

Dr. Reeves stated his experience of the difficulty of injecting the veins.

Dr. Crooke informed the meeting that no instance of death from snake-bite has been recorded in Tasmania, some of the Tasmanian practitioners even denying that the snakes of that colony are venomous; his opinion being adverse to venous injection, deeming such a practice almost inevitably fatal.

Dr. Berncastle also reported two other cases of injecting ammonia into the veins, occurring respectively at Beechworth and Launceston (Tasmania), in which serious (if not in one instance, fatal) inflammation and sloughing of the tissues around the seat of injection, have resulted from the injection of ammonia into a vein.

Dr. McCarthy concurred in the great danger of the practice, and thought that the public should be cautioned against its use, in which he was supported by Dr. Curtis.

Drs. Moore, Reeves, Ifla, and the President, agreed in the great danger of the injection of ammonia into a vein, but these gentlemen considered it unnecessary to caution the public against the practice.

The President informed the meeting that owing to the number of authorities to be consulted, and the pressure of his professional duties, he had not had sufficient leisure to complete his paper on the introduction of the hand into the uterus previous to the sixth month of pregnancy.

Dr. Crooke referred to the recent interview between the members of the Central Board of Health and the Hon. the Attorney-General, regarding the pollution of the river Yarra.

Some allusion was made to Dr. J. P. Murray's conduct in writing to the public press announcing his withdrawal from the Association and *Gazette*.

The meeting was informed of a supposed unqualified person practising at Sandridge; and the proper course, under such circumstances, was indicated.

On the motion of Dr. Moore, it was resolved to apply to the Managing Committee of the Mel-

bourne Hospital for permission to hold the meetings of the Association in the board-room of that institution.

Dr. Ifla reported that a combined effort is being made by the Friendly Societies at Emerald Hill and Sandridge to reduce the present very moderate rate of remuneration paid for medical attendance, and requested the aid and co-operation of the members of the Association to protect the local practitioners against such threatened coercion.

Dr. Moore reported the occurrence in his practice of two fresh cases of well marked small-pox, which had been sent that day to the Royal Park establishment.

Dr. McCarthy proposed the appointment of a committee to provide a code of rules for the Association, consisting of the mover, Drs. Ifla, Crooke, and the Secretary.

Dr. Berncastle then laid before the meeting his plan of treating snake-poisoning, which having been discussed at considerable length, was agreed to as follows :

"Dr. Berncastle's directions for the treatment of all Australian snake-bites, approved and recommended to the public by the Victorian Medical Association :

"No snake in Australia is capable of killing a man who, as soon as he is bitten, is treated according to the three following rules—

"1st—Pull up well with the fingers the part bitten, and cut out immediately a piece of flesh as large as a sixpence, with a sharp penknife.

"2nd—Let the patient lie down (on a sofa, if convenient) in the open-air, until quite recovered ; and on no account allow the patient to be walked about, as exercise exhausts the vital energy, and may prove fatal.

"3rd—A wineglassful of pure brandy, or any other spirits, without water, should be given immediately to a grown person (and much less for a child, according to age), and repeated every quarter of an hour, until cured, or signs of intoxication begin to appear, the occurrence of which proves that the poison is overcome, and the cure effected.

"(Signed) J. BERNCASTLE."

"NOTE—The Victorian Medical Association disapproves of injecting ammonia into a vein, as hazardous to the patient, and perfectly unnecessary, if the above rules are followed.

"Melbourne, March, 1869."

On the motion of Dr. Reeves, seconded by Dr. Crooke, it was agreed to make application to the Government to have the above directions printed, and distributed over the colony, for public use and information.

The next meeting of the Association will be held on Friday evening, 9th of April, at half-past seven o'clock *precisely*, in the Board Room of the Melbourne Hospital, when a paper will be read by the President, Dr. Stewart, on the introduction of the hand into the uterus, previous to the sixth month of pregnancy ; and a paper by Dr. Figg, on a case of hydatid tumor of the ovary, removed by operation.

Medical News.

SMALL-POX IN VICTORIA.—Since our last issue the following new cases of this disease have occurred:—A young man named James Daly, residing in Latrobe-street east, and brother to Mrs. Doyle, of Warwick-street, Hotham (also suffering from this disease, and who was removed to the Royal Park about the same time as her brother, and between whom there had been constant communication) was removed to the Royal Park, where he died of small-pox, on March 20th. This lad's brother-in-law (Mrs. Doyle's husband) had been employed removing merchandise from the ill-fated "Avon Vale."—March 14. A man named Williams, residing at Little Dockers-street, Richmond, was removed to the Royal Park, suffering from this disease.—Mr. Glover, of South Yarra, died at that place, on the 16th March, of this disease, which he had contracted at Greensborough.—March 19. A young man named William Maun, or Manie, residing in Rathdowne-street, Carlton, was removed to the Royal Park, labouring under this malady, where he expired on the night of Friday, 26th March.—March 20. A young married woman named Hanks was attacked with small-pox, at Walhalla, Stringer's Creek, where she had just arrived from Melbourne, having resided there at Latrobe-street east, within a few doors of the lad Daly, the particulars of whose case are detailed above. Mrs. Hanks subsequently expired on the 23rd March.—Cases of this disease have been also reported at Maldon and Ballarat, and a second one at Walhalla ; but these reports require confirmation.

DEATH FROM SNAKE BITE AFTER INJECTION OF AMMONIA INTO A VEIN.—On Sunday, 21st March, the son of Mr. George Piggins was bitten on the hand by a black snake. Ordinary remedies were applied, but, on Monday, dangerous symptoms manifesting themselves, the lad was removed to the Kyneton Hospital. The injection of ammonia, according to Dr. Halford's system, was tried thirty hours after the bite, notwithstanding which the lad continued to grow rapidly worse till Tuesday night, when he expired, about twenty-four hours subsequent to the injection of ammonia.

THE members of the Victorian Medical Association will be glad to learn that the Committee of Management of the Melbourne Hospital have courteously placed the board-room of that institution at the disposal of the Association for its meetings. We beg to thank Dr. Knaggs and the lay members, who, we believe, were unanimous in supporting so reasonable a request. We had hoped that Messrs. Gilbee, James, and Girdlestone would not have allowed professional animus to overcome their better judgment, avoiding, thereby, such unseemly opposition.

DEATH FROM CHLOROFORM.—A coroner's inquest was held, on Saturday, 20th March, by Dr. Youl, at the Lying-in Hospital, Melbourne, to inquire into the cause of death of a female named Jane Wright, who expired on the previous day in that institution while under the influence of chloroform during the performance, by Dr. Martin, of an operation for the relief of prolapsus uteri. The post mortem examination revealed nothing unusual, except a somewhat flabby state of the deceased's heart. The jury brought in a verdict in accordance with the medical testimony, finding that there was no blame attributable to any person. Deceased had been under the influence of chloroform for about an hour.

FOLLOWING the example of the residents of Collingwood, a dispensary has been opened in Richmond for relief of the sick poor. Suitable premises have been taken in Church-street, and the following medical gentlemen have consented to attend in rotation every Monday, Wednesday, and Friday, between the hours of 10 a.m. and 12 noon, for the purpose of giving gratuitous advice and medicine to the poor, viz.:—Drs. Stewart, Graham, Wilson, Stillman, and Gregory. Mr. George Coppin has been elected president. A subscriber of 5s. annually will have the privilege of recommending one out-door patient; a subscriber of 10s., two out-door patients; and a subscriber of 20s., three out-patients and one patient at his own residence.

CARBOLIC ACID AS A DEODORISER.—New and convincing testimony to the wonderful power of this agent as a deodoriser has been furnished in the columns of the *Argus* of the 15th March, from which we quote the following:—"The great success which has attended the use of carbolie acid as a deodoriser in the premises of the *Argus* Office, induces us to offer a few words concerning the application of this agent. As a deodoriser, we speak from knowledge in saying that it performs its work most effectually." After such a crucial test of the deodorising virtues of carbolie acid, the public, no doubt, will have unlimited confidence in its power to overcome the most "malodorous emanations."

THE MELBOURNE BENEVOLENT ASYLUM.—The honorary medical officers of this institution, in view of the presence of small-pox in the city, have recommended the revaccination of the servants and employes of the asylum, and that a species of temporary quarantine be observed with regard to the inmates, in order to guard against the invasion of this much dreaded scourge.

Dr. GORDON, resident medical officer at Yarra Bend Asylum, has been gazetted acting medical superintendent of the Melbourne Lunatic Asylum during the temporary absence of Dr. Paley, on leave.

THE Medical Society of Victoria held their meeting in the board-room of the Melbourne Hospital on the 10th March, the topic of discussion being the pollution of the river Yarra. We cannot say much addition was made on this occasion to our previous knowledge of the subject.

HAIR AND OXIDE OF COPPER.—The Cargo correspondent of the *Western Examiner* avers that the mineral water from the wells of that goldfield is so largely impregnated with oxide of copper in solution as to produce an effect on the growth of hair equal to that of the black oxide of Carangara.

A CHILD has been poisoned at Newcastle through eating a toadstool about the size of a crown piece.

MR. BLAIR of Collins-street, has been elected a fellow of the Obstetrical Society of London.

MR. W. C. REES, M.B., has been appointed Health Officer for Port Phillip during the absence on leave of Dr. Williams.

IN Belgium, a curate has been condemned to one month's imprisonment, for performing the Cæsarian operation upon a woman who had just died.

THE INFLUENCE OF SNAKE POISON.

Dr. J. Fayer, Professor of Surgery in the Medical College of Bengal, has published the results of certain experiments made to ascertain the effects of snake poison on large animals. The horses experimented on had been condemned to be destroyed, for a disease which, though incapacitating them from work, was not a disease which would reduce the strength of the animals to such an extent as to deprive the experiments of their value. The animals were a stud-bred mare, about 14.3 high, and aged 27 years, suffering from partial paraplegia, and an Australian horse, 15.1, nine years old, a powerful animal, and in good condition, though also paraplegic. The mare succumbed in an hour and twenty minutes from the effects of the bite of a large cobra; while the stronger and younger horse survived the bite of a powerful, fresh, and

full-grown daboia nearly 12 hours. The difference in the effects of the poison of the daboia and cobra in these two cases is very remarkable, not only as to the duration of life in the animals bitten, but also in the pathological conditions before and after death. The mare bitten by the cobra was rapidly affected—staggered, became exhausted, and died in less than an hour and a half. The horse, bitten by the daboia, on the other hand, was affected very slowly, and seemed to dose his life away until just at the last, when a few unconscious plunges terminated his existence. It is to be noted, however, that the cobra bit more vigorously, forced his fangs deeper, and had to deal with a more feeble animal than the daboia, who bit a more powerful and healthy horse, and did not insert his teeth with such vigour as the cobra. The snakes were both fresh and full-grown, and their terrible power was strikingly illustrated by the death of these horses.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: TUESDAY, MARCH 30, 1869.

MEDICAL ethics would appear to be at a very low ebb in Melbourne, if indeed such a thing can be said to exist amongst us at all, judging from some recent extraordinary instances of the conduct of medical men towards each other. One of the occasions to which we now more particularly refer, occurred some time in the month of January in the present year, during the epidemic of small-pox at Greensborough, when a medical functionary from Melbourne intruded his attentions on a patient under the care of Dr. Bowie, in the absence, and without any previous communication with the latter, compelling the unhappy patient, we are informed, to swallow an emetic, stating, at the same time, that he so acted by order of the Government. Conduct such as this, one might imagine it almost impossible to surpass; but that to which we are now about to draw the attention of our readers exceeds it by many degrees. The instance to which we at present allude occurred in connection with the late unfortunate Mr. Glover, who died recently of small-pox at the Domain road, South Yarra. The particulars of this transaction, so far as they relate to the amenities of professional intercourse, have already been made public in the columns of the daily press. On Mr. Glover

becoming ill, he had recourse to the services of Dr. Thomson, of South Yarra, who, in the course of his attendance, pronounced the disease under which his patient was suffering to be small-pox of a severe type. Subsequently, three other medical men visited the sufferer, without any previous communication with his medical attendant. These three gentlemen disputed the diagnosis of Dr. Thomson, but, we believe, subsequently admitted the correctness of his opinion. We are not aware whether, under these circumstances, there was any alteration of treatment. These gentlemen not only failed, in the first instance, to ascertain under what disease poor Mr. Glover was labouring, but deprived his previous medical attendant of any voice in his treatment, going so far as issuing instructions to the nurse in attendance on the patient, that no medicine was to be administered to him except what was prescribed by themselves, although, all this time, poor Mr. Glover was most anxious, and did all that a person in his then state could do, to continue the services of Dr. Thomson, in whom he reposed the utmost confidence.

The main facts of this case have already appeared in the columns of the daily press, and the gentlemen alluded to not having ventured to call in question their accuracy, it is but reasonable to presume they admit the truth of the statement.

When men, occupying the prominent position in the profession that these gentlemen do, are openly guilty of such a glaring breach of every decent professional feeling, what can be expected from their less fortunate medical brethren—struggling, perhaps, for an existence, and pressed by the "*res angustæ domi*"—but that they will imitate, and even improve on the pernicious example set them by, as the city coroner would say, "leading men," who can afford to erect palatial residences in Collins-street—the "Doctors' Commons" of Melbourne?

It is with deep regret that we feel ourselves called upon to characterize such conduct as we are conscious it deserves, and the more so as, in the case of Dr. Bowie, his years, his high standing amongst his medical brethren, and a career alike creditable to himself and honourable to the profession, should have shielded him from such treatment. In the instance of Dr. Thomson, a wanton insult has been inflicted on one of the most talented and high-

minded members of the profession. In the course of the observations we have felt called upon to make in discharging so unpleasant and invidious a task as has on this occasion fallen to our lot, we have no desire to give unnecessary offence, our object being to state the case fairly without favour or affection to either side, although we conceive we would be betraying the trust reposed in us if we shirked, even at the risk of giving offence, discharging our duty in this respect, and did not stigmatize such conduct as it deserves, no matter from what source it may emanate, whether from the struggling practitioner whose necessities may urge him to violate the promptings of his better nature, or from his more fortunate but not, perhaps, more gifted professional brother, whose circumstances ought to place him above the temptation of doing anything mean or ungenerous.

We have now discharged our duty, but we conceive the profession as a body will not be doing its duty if it do not speak out in unmistakable terms, and leave upon record its opinion of the treatment experienced by Dr. Thomson; conduct which, we believe, can only be properly designated as overbearing, and wholly incompatible with all honourable professional feeling.

Looking at Mr. Glover's case in its graver aspect, we deem it the reverse of humanity to deny a dying man the choice of his medical attendant, more particularly when, from the nature of his disease, he is deserted by his friends, who, under other circumstances, would have been able to carry out his wishes.

DONALDSON v. BARKER, an action for damages (£500) against one of the honorary surgeons to the Melbourne Hospital, for the loss of the plaintiff's leg, resulting from the alleged unskilful and negligent treatment of simple fracture of the patella by the defendant. This case, after occupying the attention of the Chief Justice and a special jury of twelve for four days, resulted in a verdict for the defendant. The following medical witnesses were examined in the course of this trial:—Drs. Maunsell, Thomas, Crooke, Girdlestone, and Stewart, on behalf of the plaintiff; and Drs. Barker (the defendant), M'Gillivray, Tracy, Reid, Rudall, Halford, James, Garrard, Fitzgerald, Gilbee, Howitt, and Lewellin, on behalf of the defendant. The medical witnesses on both sides appear to have given their evidence in a straightforward and impartial manner; and, in particular, the medical gentlemen examined for the plaintiff

may be congratulated on their freedom from bias and partiality, and the good taste with which they gave their evidence, which was in marked contrast with the animus and spirit displayed by the medical witnesses for the crown on the memorable trial of the *Queen v. Beane*, when not merely a paltry £500 damages were at issue, but the life of a professional brother, and in some respect the credit of the profession, were at stake. The giving of evidence against a professional man is at all times a delicate and unpleasant position for a medical witness, and always to be avoided when such can be done without loss of credit; but when the giving of such evidence is unavoidable, we sincerely hope it will ever be given with as much consideration as in the present instance. On this occasion all the medical witnesses were unanimous in attributing the gangrene which rendered amputation at the lower end of the plaintiff's thigh necessary, as the result of obstructed circulation arising from constriction, the principal if not the only controversy being whether the constriction resulted from tight bandages, the application of the iron ring round the fractured patella, or from both combined. No evil consequences having resulted until after the application of the iron ring, although the limb was bandaged for several days previously, would appear to militate against the bandages being the source of the gangrene. No argument against this hypothesis can be deduced from the gangrene having commenced at the toes (if it did begin there), as in senile gangrene from obstructed artery, and in other cases of impeded circulation, gangrene, we believe, almost invariably commences at the utmost parts of the extremity where the circulation is weakest. In his summing up, the Chief Justice enunciated the doctrine that a medical man giving his services gratuitously is not legally liable to the same extent as when he is remunerated for the exercise of his professional skill—a dictum in the wisdom and common sense of which we heartily concur, as it is quite sufficient for a medical man to bestow much valuable time and attention, independent of fee or reward, without being liable to the risk of annoying and expensive actions for damages. The defendant, in referring, through his counsel, to Dr. Stewart's inaugural address to the Victorian Medical Association, exhibited very questionable taste, and it would, perhaps, have been better had he called to mind the proverb about people who live in glass houses, as, no matter what verdict may be passed on Dr. Stewart's classical attainments, his professional credit, *in re* the late Small-pox Commission, has been amply vindicated in strong contrast with the deplorable exhibition made by some members of the majority on that occasion; however, we cordially sympathise with, and congratulate

late Dr. Barker on the issue of this trial; as we have no doubt, notwithstanding a verdict in his favour, he will be a considerable loser in a pecuniary point of view.

TENDERING FOR MEDICAL SERVICES.—We are informed this pernicious and degrading system is receiving fresh illustration at Emerald Hill, where the various friendly societies have recently combined, in order to reduce still lower the miserable pittance hitherto paid by them for medical services. We believe the medical men of the locality, to their credit, refused indignantly to submit to the insolent dictation and invasion of their legitimate requirements on the part of the clubs, in which course they were countenanced by the members of the profession in the city and the other suburbs, with one unenviable exception. We wonder is this the person whose recent advent, during the small-pox controversy, to our shores was announced by a very loud flourish of trumpets on the part of the journalistic patron of "medical celebrities" as a Foreign practitioner of "some eminence?" If so, we fear he has brought "his eminence" to a very low ebb, in contracting to "physic," for some sixteen shillings per annum, an average of half a dozen persons. Perhaps he would undertake the other half dozen for the odd five shillings? We cannot say we wish "his eminence" success in his new career. It is evident we attach a different meaning to the term "eminent" in this country. No doubt, the rate of "wage" is "eminently" low; but it having been fixed, we presume, by the medical contractor himself, who is, doubtless, the best judge of the value to be placed on his own services, we have no reason to complain on that score. In conclusion, we cannot too severely condemn such conduct, and we are determined to denounce it upon every occasion that it comes to our knowledge. Even the clubs themselves will in the long run, we have no doubt, find cheap physic like other cheap commodities—nasty as well as cheap; and that their true policy will eventually be found to consist in paying a fair remuneration, and obtaining in return the services of gentlemen of recognised standing and capacity.

CATARRHUS VESICÆ.—This disagreeable chronic complaint is often very obstinate; it may therefore just be stated that M. Mallez has found the following solution injected *into the bladder* very efficacious:—water, ten ounces; tincture of iodine, forty-five drops; iodide of potassium, fifteen grains. When the pain is very annoying, add fifteen grains of extract of belladonna to the above. He has also employed carbolic acid, nitrate of silver, and hyposulphite of soda, with advantage.—*Lancet*.

Medical Annotations.

HAIR RESTORERS.

CONSIDERING the number of advertisements of preparations for the hair with which almost every paper we take up teems, promising speedy and infallible remedies for every defect or deficiency, it is not a little remarkable and contradictory that one should still behold amongst one's friends and neighbours so many gray and bald heads. As far as we can judge, the number is not less now than it was when we ourselves were young, and before our parting became wide or our hair tinged with silver gray. Is the hair gray?—forthwith one tribe of advertisers promises to restore it to its original colour in almost less than no time. Has the scalp become denuded for years of its chief ornament?—another set offers to clothe it afresh with rich and luxuriant tresses. Is the hair lank and straight and lustreless?—a third class of hair restorers advertises a variety of nostrums for rendering it curly, glossy, "beautiful for ever."

The fact that the majority of hair dyes and washes are made up of constituents which not only injure the hair, but are capable, if absorbed, of seriously affecting the health, is pretty widely known; and denunciations of these hair preparations have from time to time appeared in the public press. These denunciations, however, have been for the most part too vague and general to effect much real good. The advertisements go on much as they did before, and the public still continue to be purchasers. In the case of the adulteration of articles of food and drink we found that merely general statements produced little result, but that when the vendor or manufacturer was made personally responsible the deterring effects were rapid and marvellous; and the same remark is equally applicable to the present subject.

One of the best known and most extensively advertised preparations for the hair is Mrs. S. A. Allen's World's Hair Restorer. On the label it is affirmed that it is the "best" of all hair restorers; and the reasons given for its being the best are—"Because it contains no nitrate of silver, nor any other injurious ingredient. Because it does not dye the hair, but acts directly on the roots, giving them natural nourishment. It contains the specific aliment which is the life of the hair, and in this way the natural colour is restored."

We will now put these statements to the test by reference to the actual composition of the article. We find, then, that it is composed of acetate of lead, sulphur, and glycerine. Now lead, while it is one of the most frequent constituents of hair dyes, is also one of the most if not the most injurious. It will thus be seen how utterly worthless are the statements above quoted, and that the

assertion as to the preparation containing "the specific aliment which is the life of the hair" is a mere fiction.

The detection of lead in a hair dye or wash is very simple, and may be readily effected by adding a few drops of a solution of iodide of potassium to a small quantity of the dye, when, if a soluble salt of the metal be present, it will be revealed by the curdy yellow precipitate immediately produced.—*Lancet*, 9th January, 1869.

OPIUM IN DIABETES.

THERE is nothing novel in the use of opium in diabetes, but there is something new in the mode and results of its exhibition as portrayed by a case which Dr. Pavy brought before the notice of the Clinical Society at its last meeting. The instance was that of a female, aged sixty-eight, who was apparently cured by the narcotic, without restriction as to food. The patient was placed in May upon the ordinary middle diet of the hospital, which included an allowance of bread, potatoes, and beer. She was also ordered four ounces of brandy, and two bottles of soda-water per diem; and this mode of living was continued as long as she remained in the hospital. The opium given was in the form of a pill, three times a day, and the dose was gradually increased. At the outset the quantity of urine was 100 ounces, the specific gravity 1040, the quantity of sugar per ounce, 32½ grains, and the amount of sugar for the twenty-four hours, 3275 grains. Within three weeks the quantity of opium administered was raised to ten grains and a half per diem. It was then suddenly discontinued on account of a greater degree of drowsiness than was desirable being produced; but in a few days it was recommenced, and this time being more gradually increased, was borne without producing any sign of disturbance. The sugar disappeared on July 31st, and remained absent as long as she continued in the hospital,—namely, until October 28th. At the time the sugar disappeared, the patient was taking nine grains of opium per diem. It was afterwards still further increased to twelve grains, and then gradually diminished until October 17th, when all was taken off, the patient during the remaining time taking no medicine, and passing no sugar. Dr. Pavy brought some urine, freshly passed, to the Society, and this, upon being tested with the cupropotassic solution, was seen to be free from sugar. Dr. Pavy thought there was still much to be learnt about the extent of the power of opium in different cases. His belief was, from the case which formed the basis of his communication, and other experience that he had had, that it would be found sufficient of itself in many instances, amongst elderly subjects, where the dis-

ease was observed to assume its mildest form, to check the elimination of sugar. In young and middle-aged subjects, however, where the disease as a rule assumed a much more severe character, his experience was that, to obtain a similar effect, the restricted diet must be conjoined. The success of the treatment is interesting, and we have thought it deserving of special notice.—*Lancet*, 9th January, 1869.

SEWING MACHINES A CAUSE OF UTERINE DISORDERS.

ABOUT the end of 1867, M. Guibout, physician to the Hôpital St. Louis of Paris, published a series of observations, in which he mentioned the results of his experience touching the inconveniences of sewing machines. Several females had presented themselves in the out-patient department of his nosocomial service, and had complained of various uterine ailments, which he could plainly refer to the use of sewing machines. These inconveniences have lately been brought to light in another scientific quarter; and thus M. Guibout's observations have acquired an additional authority. At a recent meeting of the Obstetrical Society of New York, several members stated the results of their practice in connection with this subject. Dr. Chamberlain referred a case of enlargement and prolapsus of the right ovary, then under his care, to the employment of a sewing machine. Dr. Perry mentioned one or two cases of severe uterine disease, in one of which death occurred. Dr. Peasley referred to a patient under his care who had made use of one of these machines, and who afterwards became forewoman of an establishment where fifty women and girls operated. "She stated," says the *New York Medical Record*, "that a majority of the girls suffered from dysmenorrhœa and leucorrhœa. During the catamenial flow, in consequence of the great derangement of the menstrual function, they were obliged to absent themselves from work." It will not be forgotten that M. Guibout had observed that the motion of the limbs in working the machines occasions a sexual excitement, and may bring on great feebleness and enervation in women.—*The Lancet*, Jan. 2, 1869.

OPIUM POISONING AND ELECTRICITY.

ON the subject of poisoning by opium, the *Journal des Connaissances Médicales* has an interesting article, from which it would appear that electricity is a powerful remedy in such occurrences. As early as 1846 the *London Medical Gazette* published a case of a woman who had, at a single draught, swallowed 30 gms. of laudanum, and who, notwithstanding the emetics speedily applied, sank into a profound insensibility, from

which neither coffee nor ammonia, nor cold water poured on her head could rouse her. She had been in this condition for more than three hours, when her medical attendants thought of electricity. One of the poles of a strong electro-magnetic apparatus was applied to the forehead, and the other to the upper part of the vertebral column. Immediately after the first shocks, the state of coma in which the patient lay began to give way; she made efforts to remove the conducting wires, and by the end of half an hour consciousness had completely returned. Some time after a second instance of the same nature occurred; and Dr. Van Holsbeek mentioned a third in his "Compendium of Medical Electricity," being that of a child poisoned by opium, and whose respiration was for several hours maintained by Dr. Bird by means of a galvanic battery, so that the patient at length recovered. A fourth instance is now related by Dr. Yram, of a woman, subject to strong neuralgic pains, who had made a provision of pills of extract of opium, containing five centigr. each. One day, under the influence of violent sorrow, she swallowed ten or twelve of them. Not long after her face became pale, her eyes got fixed, the pupils were contracted and insensible to light; her pulse was low, her breathing laborious, and her state in general one of complete unconsciousness. Two grains of tartar emetic were administered, then coffee, and lastly a tannin draught, but without success. This had been going on for several hours, when at length Dr. Yram, on being consulted, applied electricity, and with such success that in the course of a quarter of an hour the patient recovered so far as to be out of danger; but for several days she remained in a state of idiocy.

THE MEDICAL CORONER OF MELBOURNE ON PATHOLOGICAL "EXPERTS."

Of all unflattering doctrines recently stated, the doctrine of the inability and unfitnes of ordinary medical men to make a post-mortem examination is one of the most offensive; and of all the offensive statements of the doctrine, none is so insulting to our profession as that of Dr. Youl the medical coroner of Melbourne. He seems to combine with the most complete distrust of other medical men the most perfect admiration of himself. On account of their want of special training, he has "found it necessary to be present himself in all important examinations of the body, so as to secure as far as possible accurate reports. . . . I regret to say that in all medico-legal inquiries in this colony medical men are in the habit of ranging themselves on one side or the other as partisans, the simple duty of speaking the truth being con-

sidered subordinate to that of proving a particular aspect of a case. . . . It has come to be necessary, therefore, that there should be a class of specially skilled persons competent to speak authoritatively, etc. . . . In this way medical testimony can be rescued from the not altogether undeserved contempt into which, I am sorry to believe, it has fallen." We are sorry to have to record such words spoken of medical men by a medical coroner. We should recommend to Dr. Youl a little less belief in himself, and a little more belief in other men of the same education as himself. Does he think that any class of experts that he can call into existence can overbear medical opinion as represented by those practitioners in every place who enjoy the confidence of the public? Such a proposal has been pretty well abandoned amongst us at home; and, judging from the tone of the despatches which reach us, it will have the stoutest opposition from the medical men of Melbourne.—*Lancet*, 9th Jan., 1869.

ON PRIMARY EXCISION OF THE ELBOW-JOINT.

By C. F. MAUNDER, Surgeon to the London Hospital.

THE operation of excision of the elbow-joint for disease is a proceeding justified, no doubt, by the experience of every hospital surgeon. No operation of equal magnitude is attended by less fatal consequences, or by such happy results as the above. In almost every instance the surgeon can promise his patient something a great deal superior to a stiff elbow; while the latter condition usually results, after the lapse of a great expenditure of time and prolonged suffering, if the ends of the bones be not removed. So much for excision for disease.

I am anxious to show that equally happy results may be insured by excision for injury—as in cases of compound comminuted fracture opening the joint. I am the more desirous to do this because quite recently (*vide The Lancet* of Dec. 5th, 1868) the bone-ends forming the elbow-joint, and primarily excised, have been exhibited at the Medical Society of London, and this instance of primary excision was spoken of as a novelty in London hospital practice; amputation of the limb having, as was supposed, been resorted to up to the present time. It has fallen to my lot to perform primary excision of the elbow-joint in seven instances; and most of my colleagues have also performed this operation more than once. At the London Hospital we rarely resort to amputation of the arm for compound comminuted fracture opening the elbow-joint, and then only in cases in which the soft parts as well as the bones are damaged extensively and beyond recovery. In a

comparatively healthy subject I should remove large fragments both of the humerus and of the bones of the forearm, rather than submit a patient to the terrible alternative of amputation.

Of the seven cases referred to, two died; of these, in one instance the injury to the elbow was associated with a compound fracture of the skull; and in the second case—the patient being of a most desponding disposition—death resulted from pyæmia. The remaining five cases recovered with useful limbs; flexion and extension, supination and pronation, being secured to all in varying degrees. Some of these cases are recorded in the London Hospital Reports.—*Lancet*, Jan. 2, 1869.

SPECIAL HOSPITALS.

PUBLIC attention has been properly called by "A Physician and Governor of the Middlesex Hospital" to the way in which old-established institutions have suffered from the great and needless multiplication of the channels for relieving the sick and poor. We see no reason for modifying or altering what we have said on this subject; what is written is written, and the various communications we have received sufficiently attest the correctness of our verdict. The multiplication of special hospitals for every malady under the sun is opposed to the interests of a profession claiming to be composed of educated and scientific men. One would suppose that the human body was not made up of very interdependent parts, and subordinated to the controlling influence of a nervous system, but of various organs, discharging entirely separate and independent functions, and governed by special or even antagonistic forces. The prevailing fashion opens the door to grave abuses; and we shall not have to wait very long for these to become abundantly apparent. Carried to a logical conclusion, we ought to have as many specialists as there are parts of the frame to be treated; and the patients and medical students of a future generation may have to go to the west-end or borough, east, north, and south of the metropolis, searching for the institution specially adapted to their requirements. When it has reached this pass, we suppose the eyes of the public will be opened with a vengeance. Far be it from us to stop the flow of charity, which was never more-needed than at the present time. So long as funds are required, however, for the support of large and charitable institutions, the gifts of the benevolent are more likely to serve useful and beneficent ends by being given in that direction.

And now a word about a letter which lately appeared in a contemporary, pleading to the benevolently disposed on behalf of the *Hospital for Diseases of the Throat*. As the wards of this

charity are never empty—so we are told,—we wonder the other hospitals have any cases to treat at all; but "at this season of the year" these wards are said to be always full, and "our waiting-rooms, which never lack visitors, are now positively crammed." If so, we cannot but pity the visitors. They are in capital process of training for the wards; for the foul, heated air produced by the cramming of rooms, combined with the wet and cold of the streets, ought to prove a fruitful source of throat diseases. Then follows the little bit of gushing sentimentality about the time when festivity and enjoyments are rife, being that at which "the ailments this hospital was formed to relieve are most felt; and it is now, too, when 'pity melts the mind to love,' that we urgently appeal," &c.; neither the season nor the urgent appeal melts our minds to love this hospital. All we can say about its existence is—"Pity 'tis, 'tis true."—*Lancet*.

DERBYSHIRE NECK.

DR. LÜCKE, of Berne, has lately published, in the *Berliner Kl. Woch* (Dec. 28th, 1868), an article in continuation of a former paper inserted in the same journal, touching the method of treating hard goitre by injection of strong tincture of iodine into the parenchyma of the tumour. In small goitres, one puncture at a time, with the syringe of Pravaz half filled with tincture, seems enough; in larger growths, two punctures may be made at the same time. These injections should be renewed at intervals, which the author cannot fix beforehand. If the local and general reaction is not considerable, the operation may be pretty often repeated. The reaction may be very powerful, and it will therefore be proper not to attempt the injections when the patient is in danger of being asphyxiated by the pressure of the tumour. Dr. Lücke mentions cases where reduction of the growth took place very rapidly; and he congratulates himself on his success. When, from its mobility, the tumour cannot easily be punctured by the canula, the author advises the use of a continuous current by means of needles implanted in the parenchyma; but this method has not been very successful in his hands. Large masses of strumous glands might also be treated by injection of tincture of iodine into their interior.—*Lancet*.

STREET ACCIDENTS.—During the year 1868, the deaths of 203 persons resulted from horse or carriage accidents in the streets of London; 65 of these occurred to children under ten years of age, and 120 to adults.

M. GIRALDES ON THE EMPLOYMENT OF CHLOROFORM IN THE SURGERY OF CHILDHOOD.—In presenting to the Medical Society of Paris the second part of his work on the Surgical Diseases of Children, M. Giralde's stated: "I intend specially to draw the attention of my colleagues to a very important chapter in my book, that is, the one on the subject of anæsthesia in operations on childhood. I also wish formally to enter my protest against the opinion of M. Bouvier on this subject. His conclusions are dangerous, as he objects to giving chloroform to children; but, as he himself does not perform operations, he is not competent to give an opinion on the subject. Anæsthetics are very rarely fatal in childhood; and out of the four cases of death which have been published in the medical journals, in two it is very doubtful whether the inhalation of chloroform had anything to do with the fatal issue. Chloroform, on the contrary, has changed the aspect of the surgery of childhood; and even if chloroform were to be banished from all other surgical practice, it should still be kept for that of children. In diseases of the eye, in four-fifths of the cases of injury of the elbow, if one wishes to make out the presence or absence of fracture, in attempting a certain diagnosis in cases of phlegmonous periostitis, it is necessary to give the child an anæsthetic to prevent his struggles."—*Gazette de Hôpitaux*, No. 50, 1868.

VALUE OF ERGOTINE AFTER AMPUTATION.—A note from the doings of the Academy of Sciences may interest our readers. A paper was received recently by the learned body in question on the properties of ergotine. Dr. Bonjean, of Chambéry, stated that the mortality caused by amputation had, in the course of the last few months, been reduced to one-fifth of what it formerly was at the hospital of St. Andre, of Bordeaux, by administering, immediately after the operation, a draught containing from two to three grains of ergotine, to be drunk in the course of the day. The effect of the drug is to produce a diminution of suppuration, and it may even be applied to the wound.

LARYNGOSCOPY.—The following useful suggestion is made by a correspondent of the *Chicago Medical Examiner*:—

"I have frequently been able to overcome the irritability of the throat, sometimes so troublesome in laryngoscopic examinations, by throwing upon the velum and posterior portions of the pharynx a spray of sulphuric ether, by means of Richardson's apparatus. The patient should take a full inspiration before commencing the operation, and the spray should be rapidly carried from point to point, so as not to produce congelation. This method is quicker, more convenient, and more efficacious than ice."

CARBOLIC ACID IN FURUNCULI.—Dr. Cleborne, of Saratoga, states, in the *American Journal of Medical Societies*, that during the past year he has treated an unusually large number of cases of boils, whitlows, and abscesses on board ship; and being dissatisfied with the usual mode of treatment, he determined to try the effect of carbolic acid. This he did by making a free opening so soon as fluctuation could be detected; and when all the pus had been discharged by gentle pressure, he either injected or swabbed out the cavity with the ordinary liquid carbolic acid, after which a cold-water dressing was applied. By this treatment further suppuration was prevented, and the wounds soon healed in a kindly manner.

DANGER OF GIVING STRONG DOSES OF CAMPHOR.—A case illustrating the above has recently been brought under the notice of the Société de Médecine et de Pharmacie de Grenoble. An enema, consisting of five grammes of camphor dissolved in the yolk of an egg, was given to a child three years of age suffering from typhoid fever. Symptoms of poisoning soon manifested themselves—convulsions, lividity of the countenance, stupor, arrest of the urinary secretion, etc. The employment of coffee sufficed to restore the child.—*Lancet*.

We fear there can be no doubt that much of what is called charity is directly destructive of the self-respect and independence of the poor; and that it will be necessary that help, hitherto given indiscriminately, should in future be either largely curtailed, or, at least, surrounded by restrictions at present unknown.—*Lancet*.

Publication Received.

The Chemical Gazette. No. 6, March, 1868.

From a hasty glance at this pretentious publication, it does not appear to be a very reliable source of information.

Notice to Correspondents.

COMMUNICATIONS for the *Gazette* are requested to be forwarded to the Editor, care of MESSRS. CLARSON, MASSINA, AND CO., 72 Little Collins-street East, Melbourne.

COMMUNICATIONS have been received on the injurious results of tight bandaging, and on the treatment of poisoning by opium.

Births and Deaths.

BIRTH.

HAIG.—On the 14th March, at Emerald Hill, the wife of William Haig, Esq., M.D., of a daughter.

CORONER'S INQUEST AT RICHMOND.

Mr. CANDLER, district coroner, held an inquest on Monday and Tuesday, the 5th and 6th of April, on the body of Margaret Bardon, wife of John Bardon, tanner, residing in Dover-street, Richmond, who died shortly after confinement, and whose death was attributed by the medical men to an injury to the womb, which occurred while deceased was attended by a midwife named Patten, in the earlier stages of her illness. Deceased was taken in labour early on Wednesday morning, the 31st ult., and growing alarmed at the progress of her illness, insisted on a doctor being obtained. On Mr. Stillman visiting her about ten o'clock on Wednesday morning, he found her in a dangerous state, and sent for Mr. Wilson. These gentlemen soon discovered that a rupture of the womb had taken place, and seeing the great danger of the patient, determined to effect delivery without delay. The operation performed resulted in the delivery of a full-grown male child, which was found to be dead. The deceased lingered to the morning of the 3rd of April, when she died, and, the doctors refusing to give a certificate of cause of death without an investigation, an inquest was determined on by the coroner. The inquest proceeded upon the following correspondence :

"Melbourne City District, No. 2 Division,
"Richmond Station, April 3rd, 1869.

"Senior-constable Hartz reports, for the information of the district coroner, that Margaret Bardon, Dover-street, Richmond, took sick in her confinement on the 31st March, and died this morning at about a quarter-past three a.m. The deceased was attended by Drs. Stillman and Wilson, who decline to give a certificate as to the cause of death, as the deceased was attended by a midwife named Patten previously to the medical gentlemen being called in to attend her. The doctors delivered the deceased of a male child (dead) on the 31st March. They would not give a certificate as to the cause of death without a *post-mortem*.

"PATRICK HARTZ, Senior-constable.
"The District Coroner, Melbourne."

(Memo. by Coroner on above.)

"April 3, 1869.

"I am unable to determine from this report whether or not an inquest is necessary. Sergeant Grant will have the goodness to inform me whether the medical gentlemen in attendance on the deceased are of opinion that her death may have been caused by the ignorance or negligence of the midwife, or by any maltreatment on the part of any other person. I require to be informed

of all the circumstances connected with her death, both before delivery and since.

"C. CANDLER, Coroner.
"Sergeant Grant, Richmond."

(Endorsement on the above.)

"Returned to district coroner with the medical gentlemen's note attached. The police are unable to give any additional information for the guidance of the coroner, further than that deceased is said to have been a healthy woman previous to confinement.

"WILLIAM GRANT, Sergeant.
"The District Coroner, Melbourne."

(Note of medical gentlemen above referred to.)

"Dear Sir,—In the case of Mrs. Bardon, there does appear to us sufficient reason to justify a suspicion that she may not have had proper treatment at the hands of the midwife. To satisfy ourselves on this head, we would have a *post-mortem* examination, under your direction if you please, or without it.

"We are, yours faithfully,
"EDWARD J. WILSON,
"THOS. STILLMAN.

"3rd April, 1869."

(Memo. by Coroner.)

"Melbourne, April 4, 1869.

"Sergeant Grant will inform the medical gentlemen in attendance on Mrs. Bardon, that *I shall require the post-mortem examination of her body to be made by some other medical man.* He will request them to nominate three or four *medical men in Melbourne*, the employment of any one of whom in this matter would not be distasteful to either of them. He will report as soon as possible, so that the examination may be made without delay.

"C. CANDLER, Coroner."

(Endorsation on last document.)

"Returned to district coroner, with memo. attached. Drs. Stillman, Wilson, Stewart, and a medical gentleman from Melbourne, made a *post-mortem* at eleven a.m. this day, or at all events satisfied themselves as to the cause of death, as Dr. Stillman has given a certificate to that effect.

"WM. GRANT, Sergt.

"4 | 4 | '69."

"Memo. for Sergt. Grant (above referred to).

"We, the undersigned, *decline* to adopt the suggestion of the coroner, in the case of the *post-mortem* on Mrs. Bardon.

"THOS. STILLMAN,
"EDWD. J. WILSON.

"April 4, 1869."

The following was the evidence taken :—

Thomas Stillman deposed—I am a legally qualified surgeon living at Richmond. Last Wednesday, the 31st of March, I was called by the husband of the deceased Margaret Bardon, about a quarter to ten o'clock in the morning, to go to see the deceased. I arrived at the house about ten minutes past eleven o'clock. I found the deceased in a greatly exhausted state; her countenance showing anxiety; the pulse about 120. She was said to be in labour. I made a vaginal examination, and found the uterus very high up; scarcely to be reached. Deceased told me she had been in labour since one o'clock in the morning. I was given to understand that a neighbour had been with the deceased. From the symptoms I formed an opinion that the womb had been ruptured. I immediately sent for Dr. Wilson, who arrived at a quarter to twelve o'clock. We consulted on the matter, and agreed to wait a little. At half-past two o'clock, we decided upon delivering the deceased. We did so. Dr. Wilson delivered the woman. The child, full-grown, was born dead, having died recently. Subsequently to that the deceased gradually sank, and died on Saturday, the 3rd of April. In conjunction with Dr. Wilson, I continued to attend the deceased until her death. I never saw the woman now present—Anne Patten—in attendance on the deceased. I declined to give a certificate of the cause of the death of the deceased until we made a *post-mortem* examination. My reason for doing so was that I was not satisfied with the treatment the deceased had received from the woman said to have been in attendance on the deceased. There was no constable in charge of the body of deceased, and we had three other medical gentlemen present, who determined, by consent of the husband of deceased, to make a *post-mortem* examination in the presence of Dr. Wilson and myself. I took no part in the examination. Dr. Stewart and Dr. Reeves made the examination. Dr. Gregory was also present part of the time. I saw the cause of death. It was rupture of the uterus. There was a transverse rupture about two or three inches above the neck, about four inches long, and extending through the walls of the uterus. The brain of deceased was not examined. The lungs and heart were not examined. No organs were examined but the uterus and the bowels. The bowels were much congested externally. In the cavity of the abdomen there were about ten ounces of blood, coagulated. The uterus was left *in situ*. A certificate of death was given by Dr. Stewart and Dr. Reeves. The cause of death was stated to be rupture of the uterus. My reason for concluding that the death of the deceased was attributable to the midwife was, that the deceased should have been delivered earlier by forceps. I

now believe that had the deceased been attended by a person who understood midwifery, the rupture of the womb would not have occurred. There was no uterine pain from the time I first saw the deceased. There was no violent pain produced by the operation of turning, which took about an hour before the child was actually delivered. I am unable to state what was the immediate cause of the rupture of the womb.

John Bardon deposed,—I am a tanner, living in Richmond. The deceased, Margaret Bardon, aged thirty-four years, was my wife. Deceased engaged Anne Patten, now present, to attend her in her labour. I was at home on Tuesday night last. About one o'clock on Wednesday morning, the 31st of March, deceased awoke me, saying that she was unwell, and I went for Anne Patten. She came about two o'clock. I did not wait for her. When I got back my wife said the pains were getting stronger. When Anne Patten came she was in attendance on the deceased as a midwife. I was in the next room, and I heard the deceased groaning with pain, which seemed to increase. When the pain increased the deceased called out to me that I had better go for a doctor. The midwife said there was no occasion for one, and that the deceased had no patience. The proper pains, she said, had not come on. Some time after this *deceased called out very loud*, that I had better go for a doctor, saying, "*Look here, I am done for.*" I then went out and spoke to the midwife, and I said, "Do you think there is any danger?" She said, "I don't think so; there might be danger." I said, "I shall go for a doctor." She said, "If you bring a doctor here, I shall go before he comes inside." This was between eight and nine o'clock in the morning, as near as I can say. I went to Mr. Stillman at once. I saw him, after waiting a little while. I told him my wife was very bad, and she wished him to go and see her. He said he must go to the dispensary first. When I went back I found the deceased in great pain still. I told her Mr. Stillman would be there soon. She said, "For God's sake, go for him again." I went immediately for that purpose, and met him on the hill in Church-street. He came with me at once. I was away about three-quarters of an hour. I left the midwife there, but when Mr. Stillman came back with me, the midwife was not there. The deceased has had five children before this last one. The first was still-born, but all the others are alive. The deceased's last child was born alive, without medical assistance. She was in labour only three-quarters of an hour on that occasion, and was delivered of a full-grown healthy male child. She had medical attendance for the second, third, and fourth children, and in the delivery of the fourth and fifth no instruments were used.

Mr. Stillman re-examined.—Having heard the evidence of John Bardon, I am of opinion that the rupture of the womb of the deceased had taken place before he started to come for me.

William Harrington Lagoe deposed as follows, —I am deputy registrar of the district of Richmond; on Monday morning, the 4th instant, I received these certificates:—

"We, the undersigned, hereby certify that we attended Mrs. Bardon, of Dover street, Richmond, during her last illness; and that on our arrival she appeared to be suffering from ruptured uterus, and we have enclosed a certificate to that effect given by two other medical men, who have made a *post mortem* examination.

"THOMAS STILLMAN.
ED. J. WILSON.

"Richmond, April 4."

"We, the undersigned, having made a *post mortem* examination of the body of Mrs. Bardon, of Dover street, Richmond, find that her death was caused by rupture of the uterus.

"C. E. REEVES, M.D.
C. STEWART, L.F.P.S.

"Richmond, April 4."

John Bardon, the husband of the deceased, called on me with the certificates on Monday morning, the 5th inst., and asked me if I would give him a certificate of burial for the corpse. I said there was to be an inquest, and I objected to give him a certificate till it was over. I would not, however, have granted a burial certificate under any circumstances, because the doctor's certificates produced by Bardon were not proper certificates, and were not according to law.

Sergeant Grant said,—I am sergeant of police at Richmond. I forwarded my first report to the coroner on Saturday, the 3rd inst., and got his first memorandum in answer thereto on the same day. The memorandum was forwarded to Messrs. Wilson and Stillman, and their note in reply was sent to the coroner. The second memorandum from the coroner, forbidding a *post mortem* examination by these gentlemen, was also presented to them as soon after receipt as possible. On the evening of Saturday, Mr. Stillman said he intended to make a *post mortem* examination on the following morning, and I told off Constable Nesson to attend it in case his services should be required.

The Coroner.—You did not tell the constable to oppose the doctors in any way.

Witness.—No; only to assist them if it might be necessary. I did not tell him to take charge of the body, and prevent any examination being made.

The Coroner.—What are your instructions with reference to the bodies of deceased persons?

Witness.—My general instructions are, in cases of any suspicion regarding the cause of death, to communicate with the coroner, and put a constable in charge of the body, to prevent any interference with it.

The Coroner.—Why, then, did you allow other persons to do as they pleased with the body, and why didn't you place a constable in charge?

Witness.—All the information I could get with reference to the case was from Mr. Stillman. I had no other information regarding it, and I could form no proper idea myself.

The Coroner.—Did you represent to Mr. Stillman that the matter had been placed in the coroner's hands?

Witness.—I showed your first memo. to him, but I did not offer any objection to the *post-mortem* examination.

To a Juryman.—I received information from Mr. Stillman that a woman had died, and that he and Mr. Wilson were anxious that a *post-mortem* examination should be made. It was in consequence of this information that I made a report, and forwarded it to the coroner.

The Coroner.—Were you given to understand that the death had been caused by the ignorance or carelessness of the midwife?

Witness.—Mr. Stillman said he was inclined to think that the death was so caused.

The Coroner.—Are you aware what the consequences of death caused by ignorance or carelessness are?

Witness.—Yes; manslaughter.

The Coroner.—Then do you consider that the case was not one which required a little more care and circumspection than what you employed?

Witness.—I think I used every care that I could.

Edward J. Wilson was then examined.—He said,—I am a legally qualified surgeon living at Richmond. I called on the deceased on Wednesday, the 31st ult., upon a message from Mr. Stillman to go to his assistance to a case in Doverstreet. I arrived at the house of the deceased about twelve o'clock (noon). On my arrival Mr. Stillman called me on one side, and told me he thought he had got a case of ruptured uterus, and that the patient had been previously under the care of a midwife. After this conversation I saw the deceased, and found her in a state of collapse, and extremely exhausted. I carefully examined her body externally, tracing the outlines of a child high up above the umbilicus, and the lower part of the child (its head) seemed to project about the pubes. I examined for the purpose of ascertaining whether the child was in the uterus or not, and I concluded that the child was not in the uterus. I then made an examination through the vagina. I could not find the mouth of the womb,

nor detect any part of the child. The vagina was soft, and had the sensation of having recently undergone distension. I then told Mr. Stillman that I concurred with him in his opinion that the uterus was ruptured, and also concurred with him on the advisability of giving her opium and brandy to support her. I left for a while on another engagement, leaving Mr. Stillman there, and returned about half-past one. Mr. Stillman told me no material change had taken place, and I then examined the patient with a view to her delivery. I found it possible to distinguish the os uteri, and found the child's head above the pubes through the rupture of the womb, I believe. I passed my hand as, I believe, through the rupture, gradually up towards the feet of the child, and, turning it, brought it down gradually, and delivered it.

Coroner—Did you deliver it through the rupture of the womb?

Witness—I was under that impression at the time; but not having seen the uterus since, I should not now like to swear that the child was so delivered.

The Coroner—What length of time was occupied in the delivery?

Witness.—There was some little delay owing to narrowness of the brim of the pelvis as compared with the child's head, but I could not tell how long the delay existed. It might have taken from an hour to an hour and a half. Mr. Stillman was present at the time, but I am not certain whether there was any one else. The deceased did not complain of any unusual pain during delivery; she did not shriek out. She was delivered of a large full-grown male child (dead), and it had the appearance of having been dead for some hours. I saw the deceased again the next day, when she appeared to show symptoms of rallying. I only saw her once after that, as Mr. Stillman had taken charge of the case. On the death of the deceased I saw Mr. Stillman, and we declined giving a certificate of death without a *post-mortem* examination, because I thought there was something to justify the suspicion that the deceased had not received proper treatment before she fell into our hands. The next I heard of the case was on receiving a note from Mr. Stillman, on the 3rd instant, asking me if I had any objection to Mr. Stewart making a *post-mortem* examination. I answered that I had no objection, and on the same evening I received the coroner's memorandum. After writing the note on the coroner's memo., I arranged to be present at the *post-mortem* examination at eleven o'clock the following morning. On Sunday morning, 4th inst., I proceeded to the house of the deceased, about eleven o'clock, and I found present Dr. Reeves, and Messrs. Stewart, Stillman, and afterwards Mr. Gregory.

Before the *post-mortem*, Constable Neeson came in and produced the second memo. from the coroner, when Mr. Stillman and myself signed a memorandum to the effect that we declined to adopt the coroner's suggestion to appoint four medical men from Melbourne to make the examination. The *post-mortem* examination was then made by Dr. Reeves and Mr. Stewart in my presence, but I took no part in the matter. I observed the abdomen opened, and the intestines protruding. Dr. Reeves passed his hand through the opening in the abdomen, and he said, "Yes, there is a rupture; here it is." I did not, however, see the rupture, and the body after the examination was sewed up in the usual way. I signed the certificate in which my name appears, and saw the one written by Dr. Reeves and Mr. Stewart. I wrote it at the request of the husband, and did not consider it such a certificate as would have justified a registrar in granting a certificate of burial on it.

The Coroner.—Why did you not take part in the *post-mortem* examination?

Witness.—Because of your memorandum.

The Coroner.—Then why did you *authorise* the *post-mortem*?

Witness.—I had no part in it. I was inclined to agree to it before the receipt of the Coroner's memo., but afterwards I declined having any part in it. I stated to those present that I did not think it advisable that, in the face of the coroner's memo., that I should have anything to do with it. I was not present when Dr. Beaney made the second *post-mortem* examination. I am under the impression that the deceased had a rupture of the uterus when I first saw her, and I believe that was the cause of her death. I could not, however, from my own observation, say how long rupture had existed. The deceased herself made no statement which would have helped me to arrive at any conclusion. At the time of the second examination of the deceased I thought that the child was outside of the womb, but during the delivery I saw reason to change my original view, and I believe that the child came through the natural passage. The narrowness of the pelvis of the deceased did not amount to a malformation, and was not unusual. A woman who has once been delivered with instruments does not need them always.

James George Beaney said,—I am a legally-qualified surgeon, and am resident in Melbourne. I made a *post mortem* examination of the deceased about nine o'clock this morning, Mr. Girdlestone, Dr. Reeves, and Mr. Stewart, being present. The body was far advanced in decomposition; it seemed tolerably well nourished, and the abdomen had evidently been opened and sewn up again. The breasts were enlarged, the external

organs of generation were rather swollen, and the perineum was lacerated to a certain extent—not however, into the rectum. The head was opened, but the brain was so softened that no pathological examination could be made of that organ. The chest was also opened, and there were old adhesions on both sides, and a large quantity of bloody serum in each pleural cavity. The lungs were quite healthy. The heart was opened; it had evidently undergone fatty degeneration, and its walls were attenuated, but the valves were quite healthy. The abdomen was then opened. There were evident traces of recent inflammation of the peritoneum. The intestines were distended with gas throughout. There was no disease of the bowels, and no rupture of the intestine in any part of its course. The liver, spleen, and kidneys were healthy. The pelvis was measured. The antero-posterior diameter was four inches, the lateral diameter was five and a-half inches, and the oblique diameter about the same. The pubic bones, with the whole of the genital and urinary organs, were removed from the body and carefully examined. There was no injury to the vagina, nor to the os uteri. The bladder was empty but healthy. The uterus showed signs of recent delivery. There was a transverse rupture in that organ about six inches below the fundus, and there were clots of blood in the cavity of the abdomen. There was extravasation of blood on the edges of the rupture. The structure of the uterus was quite healthy. All the organs were *in situ* when I began to make the examination. The pelvis of the deceased I consider to have been about the natural size, and the measurements given are those of an ordinarily healthy woman. The laceration of the perineum appeared to be recent, the laceration being about one inch and a half long, and confined to the external parts. The walls of the uterus at that part would be only about a quarter of an inch thick. The edges of the rupture were not jagged, but quite clean, and the wound was a perfectly straight one. I should think that the wound, being such a “clean tear,” must have been done at one time, and was not enlarged after having been originally made. I am satisfied that the wound occurred before death, both from blood being found in the cavity of the abdomen, and from extravasated blood being found on the edges of the rupture. Rupture of the womb sometimes occurs during childbirth, but not frequently. The rupture of the deceased's womb is one which I think would occur during labour, from violent uterine contractions. In ordinary labour rupture sometimes occurs, but only in cases where the pelvis is abnormally small. That is my experience, but there are cases on record where rupture has occurred with a pelvis of the normal size. Even in this latter case, where

the uterine contractions are very violent, rupture might occur without any special blame being attached to the medical attendant. A medical man could not have got his hand from the vagina into the womb through the rupture; it must have entered through the mouth of the womb. The deceased could not have been delivered through the rupture, but only through the natural passage of the uterus. When labour has been protracted for an unusual time, and when uterine contractions are violent, a skilful medical attendant would know that rupture was imminent, and might take steps to prevent it. Undue pressure on the womb by an ignorant person from without might cause rupture, and there would be no traces of such pressure on a *post mortem* examination. I could not say how laceration of the perineum took place.

E. J. Wilson, re-examined.—The evidence given by John Bardon on the previous day showed that rupture of the deceased's uterus had taken place before he started to go for Mr. Stillman. I was not aware of the laceration of the perineum. I could not say whether the rupture had been caused by the neglect or ignorance of the midwife, Anne Patten. Such ruptures do occur even in the practice of the most skilful medical men, and where no malformation of the pelvis exists. My impression of this case was, that the head of the child had appeared and again receded.

Thomas Stillman was re-examined, and stated that the evidence of Mr. Beaney confirmed his original impression that death had resulted from rupture of the uterus. Delivery should have been accelerated, but the mistake of not hastening delivery might have been made by a legally qualified practitioner or midwife, without ignorance being exhibited. The laceration of the perineum was not caused by the midwife, but resulted from the delivery of the child. I have known Anne Patten for some years, and believe she has during that time practised midwifery among the women of the district.

Mr. Beaney, re-examined, said—Having read the depositions and heard the evidence, I think that when the deceased woman said “I am done for,” the rupture took place, and the midwife was to blame for not having, in accordance with her urgent request, sent for a doctor. Had a medical man been present before the deceased cried out, he would most probably have delivered her and prevented the rupture of the womb. (In answer to a juryman)—I consider the woman was far enough advanced in labour when she cried out “I am done for,” to be delivered. Some women are as far advanced after six hours' labour as others after forty-eight hours'.

The coroner then at some length charged the jury, and reviewed the facts of the case and the evidence before the jury. In reference to the first *post-*

mortem examination, he thought it had been undertaken through a misunderstanding on the part of Messrs. Wilson and Stillman regarding his reasons for proposing other medical men to make it. *He made it a practice never to allow the medical men who were in attendance on a deceased person before death to take part in any subsequent post-mortem examination of the body.* This was done for obvious reasons, and he thought the rule would commend itself to 'all men of delicacy and proper feeling.' The precedent which Messrs. Wilson and Stillman would wish to set up would be a most dangerous one, and he should be sorry to see the principle it contained adopted.

The jury deliberated for about an hour, and returned the following verdict—"We find that, on the 3rd April, 1869, at Richmond, Margaret Bardon died through rupture of the womb. We find that Anne Patten was 'guilty of culpable neglect' in not sending for medical aid when first requested to do so by the deceased."

The Coroner.—Am I to understand that her negligence is short of manslaughter?

The Foreman.—Yes; short of manslaughter.

The Coroner, addressing Anne Patten, said,—"The jury do not intend by the terms "culpable neglect" to mean manslaughter, and therefore you will not be committed to take your trial.—*Argus.*

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: THURSDAY, APRIL 15, 1869.

OUR readers will find in another column the details of an inquest held on the 5th and 6th April, at Richmond, by Mr. Curtis Candler, coroner for the district of Bourke, the concise particulars of which are, that a woman named Margaret Bardon, aged thirty-four, the wife of a tanner residing at Richmond, was taken ill in her sixth confinement, about one o'clock a.m. on the 31st March,—Mrs. Bardon's previous confinements do not appear to have been particularly severe, although instrumental assistance was necessary upon some two occasions,—when a midwife named Patten having been called to attend her, resisted the urgent request of Mrs. Bardon for medical aid; when at length, Dr. Stillman visited Mrs. Bardon, about eleven o'clock a.m. on the same day, he found her suffering from all the symptoms of ruptured uterus—the labour at this period having lasted some ten hours. On seeing the extremely dangerous state of his patient, Mr. Stillman

requested the assistance of Dr. Wilson, who agreeing with him in opinion, and, after awaiting the administration of stimulants and opium, to rally the patient from a state of great collapse, succeeded in performing the operation of version, and effecting the delivery of a full-grown still-born male child. Mrs. Bardon subsequently dying on the 3rd April, Drs. Wilson and Stillman very properly refused to give the necessary certificate of death unless a *post-mortem* examination were made; justly considering that Mrs. Bardon's death was in a great degree attributable to the midwife's ignorance.

Up to this point there is no dispute as to the facts, or objection to the mode of proceeding, but now commences the extraordinary part of the affair. The coroner, upon being informed of these circumstances, writes a memorandum to the local sergeant of police, in reply to the request of Drs. Wilson and Stillman for a *post mortem* examination, which document (the coroner's memorandum to the sergeant of police), for cool impudence, and despotic ignoring of the legal rights of Drs. Wilson and Stillman, surpasses anything we have ever heard of; indeed, it is difficult to decide whether the impertinent presumption or the illegal conduct of the coroner is the more to be admired. This coroner and would-be illegal autocrat—from his examination of the police sergeant, as well as his disposal of the verdict without reference to his official superior, the Hon. Mr. Casey, whose existence he seems to ignore as freely as he trampled on the rights of the medical men, he evidently considers himself above the law—states in his memorandum, "I shall require the *post mortem* examination of her body to be made by some other medical man," but as a particular favour, Drs. Wilson and Stillman are permitted to select some three or four "medical men in Melbourne," from whom our autocrat of the Melbourne C—b will choose one to make the *post mortem* examination.

In order to expose this illegal conduct and barefaced usurpation on the part of Mr. Curtis Candler, we may inform our readers that the 15th, 16th, and 17th sections of the "Medical Practitioners Statute, 1865" (this and the "Coroner's Statute, 1865" ought to be in the hands of every medical man in the colony) provide for the giving of medical evidence and the making of *post mortem* examinations in every case where an inquest is necessary; and

that Victorian coroners possess, we understand, no other powers in relation to the medical profession except what are conferred on them by the sections referred to above; which in the first place provide, that when any legally qualified medical practitioner has been in attendance during life, he is to be called as a witness (if any medical testimony be necessary); should no such medical man have been in attendance during life, then some practitioner in actual practice and "residing near to the place where such inquest is holden" is to be summoned to give evidence. It is further provided, that if a *post mortem* examination be required, one of these gentlemen is to make it, except there be any charge of malpractice against him. It is also further provided, that if the medical man examined in the first instance do not satisfactorily explain the cause of death, then, but not till then, the jury or the coroner may obtain the services of any other legally qualified medical practitioner.

These are briefly the substance of the provisions relating to medical witnesses and to the making of *post mortem* examinations. We now ask the coroner what grounds were there to indicate that Drs. Wilson and Stillman maltreated the deceased? and, if there were none, by what authority he presumed, not only to invade the legal right of these gentlemen to make the *post mortem* examination, but, moreover, to place them under the ban of suspicion, and to deliberately override the law? Long as this gentleman has been conducting inquests, he evidently does not yet know his business; and perhaps he will require a few more sharp lessons to teach him his duties, as well as a little becoming humility. Nothing, it appears, will go down with our district coroner but "medical men in Melbourne," and from Collins-street, too, we presume, some of whom (until, fortunately for the interests of public justice, their miserable incompetence was at length exposed) had for years enjoyed a monopoly of his favours, for what reasons it is unnecessary to refer here more particularly. We hope we have heard the last of this hawking "Melbourne men" into the suburban districts—a practice insulting and degrading to the local practitioners, and a strong proof of favouritism towards a "selected" few.

We have no doubt the Minister of Justice, the Hon. Mr. Casey, will know how to deal with the illegal and officious presumption of

his subordinate, Mr. Curtis Candler, and render this gentleman sensible that he can neither violate the law, nor peril the interests of public justice, with impunity; in fact, a more effectual device, or one better calculated for defeating the ends of justice, than the coroner's conduct on this occasion it would be difficult, if not impossible to conceive, seeing that, were every medical man reporting the occurrence of a death under suspicious circumstances to be, *ipso facto*, placed under the ban of suspicion, no professional man, valuing his good name, would, for the future, voluntarily place himself in the humiliating position of a "quasi" criminal.

For ourselves, we are persuaded that the best remedy for the misconduct of coroners, will be found in reforming both the mode of their appointment and remuneration, by adopting, without delay, the English system, in virtue of which, the freeholders of each district elect their own coroners, and in remunerating them by fixed salaries instead of by fees; the present practice notoriously encourages the holding of twice or thrice as many inquests as are necessary, as well as a wasteful expenditure of public funds. We are surprised that, in these days of retrenchment, this view has not yet been acted upon by the Government.

It would be unpardonable in us to omit noticing Mr. Candler's charge to the jury. By the way, he appears to be "great," in addressing juries, in which he states, "He made it a practice never to allow medical men, who were in attendance on a deceased person before death, to take part in any subsequent *post mortem* examination of the body; this was done for obvious reasons; and he thought the rule would commend itself to all men of delicacy and proper feeling." This deliverance is certainly rich. We were not previously aware that Mr. Candler had such a talent for the ludicrous; to speak of "Satan rebuking Sin," is tame in comparison, but, unfortunately, this fine sentiment has not the negative merit of being correct. Mr. Candler's notions of "delicacy and propriety," are, forsooth, superior to the requirements of legal enactment, and the best interests of public justice. If there was any objection to Drs. Wilson and Stillman making the *post mortem* examination, which we emphatically deny, why were not some of the other Richmond medical men requested to make it, there being no less than three or four

other medical practitioners in that thriving suburb, as well qualified to make it as any "Melbourne men?" Can it be that all the local practitioners come under the suspicious ban of the amiable Candler, or that he imagines none but "Melbourne men" are competent to make a *post mortem* examination. Drs. Wilson and Stillman, by their manly refusal to submit to the insolent dictation of the district coroner, have earned the cordial thanks of the entire profession in Victoria; and the jury deserve the thanks of the community for exercising their legal right of selecting the additional medical witness. We hail such spirited conduct as the harbinger of a better state of things, and that at length the days when coroners could dictate verdicts to their juries are gone by. In selecting Dr. Beaney to make the second *post mortem* examination, the jury displayed a keen sense of poetical justice, this gentleman having but recently been nearly persecuted out of existence, in consequence of an inquest presided over, with his well-known impartiality, by the immaculate Candler, the man of "delicacy and proper feeling." How dreadfully punctilious Mr. Candler tries to be, scrupulously using the phrase, "legally qualified surgeon," instead of "legally qualified medical practitioner," the only legal designation (and coroners should regard nothing else) of every registered practitioner in the colony, no matter what his strict professional title may be; verily Mr. Candler, like another Iago, is "nothing if not critical."

We are unaware whether the district coroner is the Mr. Curtis Candler who, in the old palmy days of official favouritism, assumed the style and title of Dr. Candler, but the absence of whose name from the new medical register we remark. We are not yet done with Mr. Candler, but, having already exceeded our limits, we must defer further observations to "a future occasion."

Since writing the above we have read an article in the "conscientious" daily journal, we presume from the pen of the medical critic, chiming in with the coroner's flippant impertinence in presuming to lecture medical men on the principles of "delicacy and proper feeling." These gentlemen—the district coroner and the medical critic—apparently aspiring to the rôle of Victorian "Chesterfields," must excuse us if we indignantly repudiate their self-assumed right to instruct medical men in the elements of "delicacy and proper

feeling." Who constituted these persons "lecturers" on medical ethics? The article in the "pathologist's organ" to which we refer, like the scorpion, carries the sting in its tail, where he "still harps" on the great necessity and advantage (no doubt to himself) of having a Government pathologist—a pretty sample of delicacy, forsooth, emanating from a personage so eminently distinguished at the inquest on the late unfortunate Miss St. Denis, and a disappointed expectant of the abortive office on which the "happy despatch," fortunately for the best interests of public justice and purity, was consummated. Will Mr. Candler and his pathological patron dare to assert that Messrs. Wilson and Stillman maltreated poor unfortunate Mrs. Bardon, or that these gentlemen, and Drs. Reeves and Stewart, were incapable of making a *post mortem* examination, or, perhaps, in the unflattering language of the city coroner, "did not know one end of the body from the other?" And, if not, why was not one of these gentlemen deputed to make the *post mortem* examination, instead of hawking out "Melbourne men" for that purpose?

The article in the "pathologist's organ" is characterised by all the arrogant ignorance and vindictive misrepresentation which have been invariably displayed for some time past in its treatment of medical topics. We cannot help recalling to mind that this journal was conducted in a different fashion, as regards medical subjects, before "Our Mr. N——d" was transplanted from the malodorous precincts of "Paddy's Market" to the more silent and aristocratic atmosphere of Collins-street.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued.)

THE following queries were drawn up by the sub-committee for transmission to Governors of colonies, British consuls in foreign countries, and others:—

1. What, if any, are the countries or ports from which arrivals in the port of — are at all times, or in certain seasons of the year, subject to quarantine, whether the bill of health from the place of departure be foul or clean?

2. What are the diseases which render all arrivals, without exception, whether sick or well, from a place or country where such diseases are existing subject to quarantine in the port of — ? and what are the quarantines imposed ?

3. What are the other diseases which, from having occurred during the voyage on board, render individual arrivals only subject to quarantine, irrespective of the bill of health from the last place of departure ? and what are the quarantines imposed ?

These three questions are designed to ascertain the "why" and the "when" quarantine is imposed on arrivals in a port, and also the kind and the duration of the quarantine imposed.

Their wording may be thought to be somewhat obscure, and not very clearly to indicate the information that is sought for, but the difficulty arises rather from the complicity and intricacy of the subject, than from the language employed.

Many persons imagine that quarantine is a very simple affair, and that all which is meant, or occasioned by it, is the detention for a limited time, and the purification of infected or suspected vessels, with their crews and cargoes, in consequence of the actual or very recent existence of a dangerous or contagious disease on board of the vessel, or in the port whence she sailed. But this, it will be seen, is far from the reality. In a large proportion of the cases where quarantine is still imposed, in many countries, not only no sickness of any sort has existed in the vessel during the whole of the voyage, but no instance of the disease on account of which she is subjected to quarantine on arrival was known to have existed for a length of time in the port of departure.

Query 1 seeks to elicit information respecting such cases.

In the majority, however, of cases in which quarantine is imposed, its alleged necessity rests upon not a merely gratuitous apprehension, but upon the ascertained existence of a dangerous transmissible disease in the port or country from which the vessel has last come.

All on board may have been healthy during the voyage, and may be so on arrival, but the fact of the vessel having come from an infected or suspected locality is held sufficient to require that every person and thing on board should undergo a specified detention for the protection of the public health. The quarantine is directed against the port of departure, and this is the reason why it involves all arrivals therefrom without exception, whether sick or well ; although, when sickness has occurred on board, the quarantine is usually more stringent than when the vessel has remained quite healthy during the voyage.

This remark refers to Query 1, and the diseases on account of which such quarantine is generally

imposed will be seen to be the plague, the yellow fever, and the Asiatic cholera.

Query 3 seeks for information respecting such diseases as, having occurred in a vessel previous to arrival, subject her and all on board to detention, and other precautionary measures at the discretion of the civil authorities, but without involving other arrivals from the same port, provided they have had no sickness during the voyage.

The quarantine in this case is directed, not against the "*lieu de provenance*," but against the individual infected vessels.

ILLUSTRATIONS OF QUERY 1.

Arrivals from any port in the Ottoman dominions, including Turkey in Europe and Asia, Egypt and Barbary, are subject to quarantine throughout the year in almost every Christian port in the Black Sea and in the Mediterranean ; also, in all the oceanic ports of Spain and of Portugal, irrespective of the actual existence of the plague or other diseases in the "*lieu de provenance*," or place of departure, or of any sickness on board of the vessel during the voyage.

This permanent quarantine was fixed by the International Conference of Paris, in 1852, at from eight to ten days (inclusive of the length of the voyage), according as there is or is not a medical officer on board. The Governments of France and Sardinia, whose existing quarantine orders are based on the recommendations of the Conference, reserve to themselves the power of modifying or dispensing with any particular regulations when they see fit, and compatible with all due regard to the interests of the public health.

In all the oceanic ports of France, as Bourdeaux, Havre, etc., quarantine has for several years been very mild in all cases ; and even at Marseilles it appears to be carried on with as little rigour as possible. The mail steamers from Alexandria land their postage bags at once, however short the voyage may be ; and the Minister of Commerce may at all times exercise his ample discretionary powers respecting passengers, cargoes, etc.

A like state of things prevails at Genoa and other Sardinian ports. It rests entirely with the Minister of Marine to carry the regulations of the existing Government into effect, upon the advice of the directors of public health at Genoa and Vagliani, the one being superintendent of quarantine on the mainland, and the other on the island of Sardinia.

It is otherwise in the ports of Spain and Portugal. All the quarantine regulations are much more stringent, and more regularly enforced. The local quarantine boards, or a central board of quarantine, exercises control on such matters in-

dependently, in a great measure, of the general Government of the country.

The same has hitherto been the case in all Neapolitan ports, where the rigour of the quarantine system has for many years exceeded that of any other nation. Its enforcement rests entirely with the sanatory board at Naples, which, like that of Lisbon, is independent of the Government.

At Malta there is no country subject to permanent quarantine, all arrivals carrying a clean bill of health being admitted to free pratique.

At Corfu, all arrivals from healthy places are freely admitted to pratique.

The Piræus, Syria, Alexandria, and Barbary, are ordinarily in quarantine, as well as other ports communicating with these places, where, perhaps, the suspicion of sickness exists.

Besides the permanent quarantine throughout the year in the ports of Spain and Portugal, and of the Two Sicilies, upon all arrivals from the Levant and other portions of the Ottoman Empire, these countries impose a quarantine upon all arrivals, without exception, from Brazil, the Mexican Gulf, West Indies, and the southern portion of the United States, during the hot weather—generally from the beginning of May to the end of September—on account of the risk apprehended from the actual or suspected existence of yellow fever in the place of departure.

This quarantine is irrespective of the length of the voyage, however protracted, and of the continued health of the crew.

At Gibraltar, according to the regulations in force, "Vessels from the west coast of Africa, between lat. 30° N., 20° S., and from the adjacent islands (the Canary Islands only excepted), are not allowed to enter the port, or admitted to free pratique throughout the year, without performing quarantine. Also, vessels from the West Indies, Brazil, or Continent of America, between the Equator and lat. 34° N., arriving between the 1st July and 30th November, shall be ordered to quit the harbour and roadstead, whether their bills be foul or clean." So that the communication between Gibraltar and these countries is cut off during the summer months.

SMALL-POX IN VICTORIA.

THE following new cases of this disease have occurred since our last issue:—Mr. Oates, teacher of the Northcote school, residing at Islington-street, Collingwood, was taken ill about the 4th of April; a sawyer, named Franklin, living in Budd-street, East Collingwood, was also attacked by the malady about the same time; this man's wife subsequently contracted the disorder.

April 3rd.—A young woman in the service of the Hon. S. H. Bindon, at St. Kilda, was ascer-

tained to be suffering from this disease. All these cases are said to be of rather a mild character, it not being considered necessary to remove any of them to the Royal Park.

A case occurring in a lady at Heidelberg is also reported.

April 7th.—Miss Evans, the young woman who had nursed the late Mr. Glover, of South Yarra, was discovered to be suffering from small-pox. This person, who resided at Alphington, about five miles from Melbourne, on the Heidelberg road, was removed to the Royal Park.

A case of small-pox has been reported at Torquay, Tasmania.

The following letter, originally published in the *Argus*, evidently the composition of a well-educated intelligent gentleman, gives the finishing touch to the ghost of the "Telluric," and "non-contagion theory:—

SIR—I see that another patient has succumbed to small-pox, and that it seems an impossibility to trace the remotest connexion with any point of contagion. That there is no impossibility seems to me very evident when the following facts are taken into consideration. Leaving alone the intercourse between the crew of the "Avon Vale" and the people of this colony, it might be worth while to consider whether a connexion might not be traced when the following facts are considered:—

The mate of the "Avon Vale" was placed (most imprudently) in a small room with two beds, one occupied by a patient named Bessell. The only communication with this room was by passing through a ward containing from twenty to thirty beds, and opposite to this room another of the same size approached through the same ward; so that for some time—viz., until Bessell was removed—there must have been constant traffic between the room containing the infected patient and the numerous patients, nurses, and visitors to Bessell's, the large ward, and the other room. Even after the removal of the mate of the "Avon Vale, with the disease of small-pox confirmed, and after vaccination of nurses and patients and fumigation had been resorted to, there was no inhibition of visitors either to Bessell or the numerous patients in the ward.

A day or two after the mate of the "Avon Vale" was removed, I called with a lady to visit Bessell on behalf of some friends who were acquainted with his family at home. We spent nearly an hour with him, and when about leaving he informed us that he had a day or two before been vaccinated, and his room fumigated, as the mate of the "Avon Vale," who died of the small-pox, was removed from a bed in the place we were then sitting in. Bessell must at that very time have been infected, as, a day or two afterwards, he was

removed to the Immigrants' Hospital, and died the day after. I maintain, sir, that this laxity was most inexcusable on the part of Dr. McCrea and of all concerned. Who can say where the numerous visitors to these patients resided—with whom they had intercourse? After Bessell's death, the nurse, I am informed, went on leave. Can the company she kept be traced? It was Dr. McCrea's duty, when Bessell's infection was a fact, to preclude all visitors from approaching either him or the adjacent ward. Prevention is better than cure, and no one can deny that the chief medical officer has been most remiss and neglectful of his duty.

I am, sir, yours obediently,

FREDK. CHAS. COPE.

South Yarra, March 29.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

ON THE ACCIDENTS ARISING FROM TIGHT BANDAGING IN FRACTURE OF THE PATELLA AND OPERATIONS ON THE KNEE.

To the Editor of the *Australian Medical Gazette*.

SIR,—Without entering into the question of responsibility involved in the case of Donaldson v. Barker, which must be left to others more competent to deal with the subject, or the history of the case of Luke Allen, published by the hospital authorities, it may be observed that two of the greatest authorities in surgery of these times—Sir A. Cooper and Liston—speak very strongly on the subject of tight bandaging. The former says:—"He has seen the greatest suffering and such swelling as threatened gangrene, produced in these cases (i.e., fracture of the patella) by the too early use of the bandage."* The latter:—"The bandage† is not to be drawn firmly in the form of the figure of 8 over compressors of cork or other material, with the view to *force* the fragments into close contact, nor are any straps and buckles, etc., for the same purpose advisable." In his clinical lectures, he used strongly to impress on the students the danger of compression in the vicinity of the knee joint in fractures of the patella. It is to the cases which he used to give in illustration of the bad effects of tight bandaging that the men educated by him have always carefully guarded against tight bandaging.

* Cooper's Surgical Dictionary. Art., "Fracture of the Patella."

† Practical Surgery.

The following case will show how readily gangrene may be caused by neglecting these wise precautions against tight bandaging:—A woman had compound fracture of the ulna; the parts were adjusted, and the wound dressed. The next day the splints and bandages were readjusted, and *soon after this the pain became so severe that she tore them off*. In the evening she was in great pain, and the arm was much swollen. On the third day, after much suffering, the pain ceased; and on the fourth day, on removing the apparatus, gangrene was found to have set in, "the limb was very swollen, the fingers were of a black colour, the forearm livid, and there were vesications near the elbow."*

Here is another example of tight bandaging. Mrs. D—, aged 30, had, three years ago, rheumatism of the knee joint, which was followed by contraction. "The limb," she says, "was stretched while she was under the influence of chloroform, and bandaged, and she had severe pain, but the surgeon never looked to it for 14 days. Then, when he removed the bandages and splint, the limb was black and swollen. It was then found that, to save her life, he was obliged to cut off the limb at the knee joint." This was her story, but the gentleman who attended her can no doubt give his.

Yours respectfully,
A PUPIL OF LISTON'S.

* Elements of Surgery. Art., "Mortification."

Medical News.

THE LATE DR. COLLINS OF DUBLIN.—Dr. Robert Collins of Dublin, the celebrated obstetrical writer, and formerly master of the Rotunda Lying-in-Hospital, died in that city on the 11th December, 1868, aged 68 years. The deceased gentleman was a native of the County Tyrone.

PUBLIC VACCINATORS.—Dr. Ferguson has been appointed Vaccinator for the districts of Alexandra and Yea. Dr. Crooke has been temporarily appointed Vaccinator for the district of Fitzroy.

DEPUTY CORONER.—C. W. Rohner, Esq., J.P., has been appointed a Deputy-Coroner of Victoria acting at Chiltern.

SNAKE POISONING.—The great value of ammonia in these cases, when applied locally and internally without injecting it into the veins, is proved by the following, which we extract from the *Alexandra Times*:—"On Tuesday, 30th March, a young child, fifteen months old, belonging to Mr. Freeman, was bitten three times on the hand, under the following circumstances:—Mrs. Freeman placed the child on the floor while she was doing some work about the house. Her attention was drawn to the

child by hearing it crying, and when she went to lift it up, a snake about eighteen inches long was hanging by its thumb. With a spade she cut the reptile in two, took off her garter and tied it firmly round the child's arm above the elbow, and then with strong thread put another ligature round the wrist until the thread was literally imbedded in the little arm. Dr. Fergusson was then sent for, and he arrived about an hour after the child had been bitten. The thumb and hand were much discoloured. He found three separate snake bites on the hand, scarified the wounds, and applied ammonia externally and internally. The little child is now quite well, and shows no signs of any bad effects from the bites. The snake was about the thickness of a man's finger, and of the whip species."

It is rumoured that the great hospital case, Barnett and Uxor v. Dr. Reid, for alleged malpractice, will, for the third time, be brought before the Supreme Court.

Medical Annotations.

THE MEDICAL SOCIETY AND DR. HALFORD'S TREATMENT OF SNAKE-BITES.

THE Medical Society held its monthly meeting on the 7th April, when Dr. Halford read a paper on the treatment of snake-bite by the injection of ammonia into the veins.

Advantage was taken of this opportunity by Dr. Halford and his admirers to sneer at the "foolish temerity" of "persons" who questioned the safety of such a practice.

No doubt this allusion refers to the "experiments" conducted at the present time by "Professor" Shires, at the top of Bourke-street.

We believe it was Dr. Halford who, on the occasion of reading a paper before the Royal Society on his great discovery of white globules in the blood after snake poisoning, excused himself for not bringing the matter before the Medical Society, on the ground that "that body had dragged medicine through the mire." The society, we presume, must have wonderfully improved since those days, and we heartily congratulate it on the acquisition of its new convert, the light of whose countenance cannot fail to illuminate any subject, no matter how abstruse, but whose vast abilities a discerning public do not sufficiently appreciate.

While on the subject of Professor Halford's experiments on snake-bite, we take the opportunity of expressing our hope that the cruel and disgusting vivisections of the French school of experimenters, and of which the unfortunate canine race are the principal victims, will never be introduced into Victoria; indeed, we are very doubtful of the

scientific value of "interrogating nature" in such a cruel and unnatural fashion, which we regard as an outrage against nature and nature's laws.

SMALL-POX IN THE FRENCH ARMY.—In the French army, during the year 1866, of 753 men attacked by small-pox, 68 per cent. had been vaccinated, 26 re-vaccinated, 2 had had previous small-pox, and 4 had neither been vaccinated nor had had small-pox. The proportion of deaths from small-pox was 6 per cent. of cases; but information is not given of the state as regards vaccination or re-vaccination of the patient who died.—*Medical Times and Gazette*.

OIL OF TURPENTINE IN TRAUMATIC ERYSIPELAS.—Professor Lücke, of Bern, relates several cases in proof of the great utility attending the local application of oil of turpentine in traumatic erysipelas, the redness disappearing in two or three days, and the temperature falling in a remarkable manner. This effect was more rapidly produced by rubbing in the turpentine than by merely pencilling with it. The diminution of temperature was observed even in cases in which the erysipelas for a while continued to spread. No local irritation results from the application of the turpentine, the patient only complaining of a temporary feeling of burning.—*Berliner Klin. Wochenschr.*, Nov. 9.

MEDICAL PUFFERY.—Virtue is its own reward, and success in surgical operations ought to satisfy the most vainglorious performer. Such, however, is not the opinion of the *Lincoln Gazette*, which devotes a paragraph to a local surgeon, who, it seems, excised a tumour from an artisan's shoulder without chloroform, and without untoward results. We are unwilling to believe that the operator himself either wrote or suggested the paragraph, or indeed, that any practitioner would follow the advertising devices of Professors Morison and Hollo-way.—*Lancet*.

Notice to Correspondents.

WE have received from a valued correspondent an interesting history of the late fatal case of rupture of the uterus at Richmond; this communication reached us too late for insertion in our present number, it will appear in our next issue.

COMMUNICATIONS for the *Gazette* are requested to be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND Co., 72 Little Collins-street East, Melbourne.

Deaths.

BARRY.—On the 1st April, at her residence, Mona Place, South Yarra, Mrs. Emma Barry, wife of Dr. Barry.

SINGLETON.—On the 4th April, at her father's residence, Upper Hawthorn, after only eighteen hours' illness, of internal hæmorrhage, Isabella, second daughter of John Singleton, M.D.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

BY ROBERT BOWIE, M.R.C.S.

(Continued).

It is to be observed that the quarantines at Gibraltar are necessarily regulated by those of Spain, as, if we did not impose nearly similar restrictions, the consequences would be their closing the communication with us, as happened in 1858.

Were Spain to modify her sanitary restrictions it would confer a great benefit on Gibraltar.

In most of the large commercial ports of the United States, a nominal quarantine is imposed on all arrivals from the West Indies and other yellow fever regions, between the beginning of May and the end of October. The quarantine in question, consists, apparently, in the liability of all such arrivals during the interval to be examined by the Health Officer of the port, before they can receive pratique and be allowed to proceed to the wharves of the city. During the rest of the year, such arrivals are not of necessity subjected to a visit unless actual sickness has been on board.

In addition to the above two permanent or periodic quarantines being imposed in the ports of Spain, arrivals from ports adjacent to those already mentioned, or from intermediate ports where strict quarantine measures, as in Spain, are not duly enforced at all times, have to undergo a quarantine of observation all the year round.

Great Britain and the Northern United States are in this category.

Great Britain states that of 622 arrivals from abroad in the port of Alicante, during 1858, and paying health dues, about one third are from England; and the three days observation imposed on them would seem to be more for the purpose of obtaining the quarantine fees than as a sanitary precaution.

The British Consuls at Malaga, Vigo, &c., have frequently remonstrated against the procedure. Mr. Consul Mack, at the former port, says, "Arrivals from Egypt, with raw cotton, are admitted to pratique after eight or ten days' voyage, while arrivals from England with a cargo of coals, and after a passage of from 25 to 40 or 50 days, are all quarantined for three days."

In the beginning of the year 1860, the whole coast of Brazil was declared by the Board of Health at Lisbon to be infected with yellow fever—in consequence of its existence at Perez; and the

result was, that all arrivals from any port in that country, would be subject to a foul bill quarantine. The declaration in question was at once contradicted by the Brazilian minister in London.

ILLUSTRATIONS OF QUERY II.

The diseases against the importation of which from countries where they exist, or are alleged to exist, quarantine is chiefly directed in European ports, are—

The Plague
Yellow Fever, and
Asiatic Cholera.

And wherever the quarantine system is rigorously maintained, as in Spain, Portugal, Naples, Genoa, &c., all arrivals, without exception, and whether any sickness has occurred during the voyage or not, are liable to detention before pratique is granted.

The periods of detention recommended by the International Conference of Paris, are these:—

| | |
|--|--------------|
| From 10 to 15 days in the case of Plague | |
| " 5 to 15 " | Yellow fever |
| " 5 to 15 " | Cholera. |

In Neapolitan ports the quarantine on account of plague is from 15 to 20 days; yellow fever and cholera, 10 to 15 days.

These lengthened periods have been enforced in other Mediterranean and also in some Oceanic ports, as in those of Portugal and her colonies.

PLAGUE.

In the summer of 1858, on the first public announcement of the existence of the plague in the district of Benghasi, on the Barbary coast (the disease had been existing for months before its real nature was recognised), restrictive measures of extraordinary rigour were at once put in force throughout the whole of the Mediterranean and Black Sea, and in all the ports of Spain and Portugal, not only on arrivals from the infected country and other places which might be supposed to have direct communication with the seat of the disease, however healthy those places might continue to be. Malta, from its position and its trade to Tunis, was exposed to suspicion, and, accordingly, the strictest quarantine was enforced, even in various Ottoman ports, upon vessels arriving from, or communicating direct, although at the time a quarantine of from 5 to 15 days was kept up by Malta upon all arrivals from the infected district in Barbary.

Gibraltar was similarly treated. A quarantine of 21 days duration was imposed in the ports of Naples, Portugal, Genoa, etc., upon all vessels coming from, or which had touched at, Gibraltar; not that any disease existed there, or that the health of the "Rock" was bad, but merely because it continued to hold communication with Morocco, which was also at the time in a healthy state, and quite free from any pestilential malady.

However unwillingly obliged to act in accordance

with the rules and practice of the Mediterranean ports, from the fear of retaliatory measures, Malta and Gibraltar had actually to put each other into quarantine. Malta, because Gibraltar had intercourse with Tangiers; Gibraltar, because Malta had intercourse with Tunis and Benghasi, both of the British colonies being all the time in perfect health.

On the rumoured occurrence of a death at Alexandria, and subsequently of a like occurrence at Beyrout, during the Autumn of that year (1858), a foul bill quarantine was established in all the ports of the Mediterranean against arrivals from those two places, and was rigorously maintained for many weeks, when it was ascertained there were no just grounds for the rumours in question.

SMALL-POX.

SINCE our last report, the two following cases of this disease have occurred:—

Mrs. Evans, aged thirty-two, a married woman, residing in Warwick-street, Hotham, in the house previously occupied by Mrs. Doyle, who had been removed to the Royal Park, suffering from this disease, was attacked with small-pox, in a mild but unmistakable form, after moving into this house; which in the meantime, after the removal of Mrs. Doyle, had been fumigated and apparently disinfected.

This case proves the great difficulty of destroying the variolous poison, as well as the little reliance to be placed on fumigation and so-called disinfectants.

Mrs. Jarrett, aged thirty, a married woman, residing in Bailey-street, Hotham, recently confined, had the complaint in a modified form.

Both these women had been previously vaccinated, in each the preliminary fever was severe and well marked, but on the appearance of the eruption, all urgent symptoms subsided; the rash was scanty in each case, and both complained of sore throat, owing to the presence of pustules on that part.

If the advent of small-pox has not been propitious to the reputation of certain "Melbourne medical men," it has at all events made some compensation, by affording the opportunity of adding to the number of brilliant discoveries recently made in Victorian medical science.

The illustrious discovery, that "telluric influence"—defined to be "a porous state of the earth"—causes small-pox, because a similar condition of soil is deemed favourable to the spread of cholera, furnishes an undoubted instance of close reasoning which is self-evident to the meanest capacity.

We wonder the profession had not previously perceived the connection between cholera and

variola. In our simplicity we had supposed there was no similarity between cholera and small-pox—two diseases, in their nature, origin, and progress, as widely separated as the poles. But what shall we say of "another great discovery" made by the same genius of such "high standing in the profession," that flies were propagating the small-pox; on which account the wholesale destruction of these troublesome, but otherwise harmless insects, was ordered.

Lest our readers should imagine we are attempting to impose on their credulity, we may refer them to the report of the Chief Medical Officer, presented to Parliament, and published in the daily press on the 9th April.

Perhaps, some members of the profession may think we are too hard on this gentleman, but we conceive that Dr. M'Crea has no claim whatever either to the charitable silence or sympathy of his medical brethren, whose interests and status he deliberately sacrificed, by introducing into the public service the demoralising system of tendering for medical attendance. A fatal example, which the friendly societies have not been slow to imitate and improve upon, and for which the profession has solely to thank Dr. M'Crea.

On this account alone, in our estimation, he has justly merited the honest indignation of every honourable man in the profession who has either its credit or reputation at heart. Independent, however, of this, we deem it no more than our duty to vindicate the profession from the discredit of seeming, by their silence, to endorse such ridiculous nonsense.

We have now done with this gentleman and his farcical discoveries, with whom, perhaps, we would have dealt more tenderly, were it not for the impertinence of his "quasi" friends; as we have little doubt Dr. M'Crea is naturally a warm-hearted, well-intentioned man, and some allowance might be made for one in his present unfortunate position, had his own previous conduct towards his professional brethren merited any leniency or consideration at their hands.

THE "LANCET" ON THE MELBOURNE MEDICAL CORONER.—"The *South Australian Advertiser* very illogically lugs into an argument on the question of 'experts,' the account of a case of apparent maltreatment in the Melbourne Hospital. We have no wish to apologise for any neglect or maltreatment in this hospital; but this has surely very little to do with the ability of practitioners outside to make a post-mortem, which is the great question now agitating the medical minds of Melbourne, and upon which Dr. Youl has expressed himself in a way most offensive to the profession in Melbourne."

FATAL CASE OF RUPTURE OF THE UTERUS.

THE patient, who was thirty-four years of age, was attended by a midwife, who saw her soon after labour set in, about half-past one a.m. She had had five children; the first was stillborn; with the second and third, forceps were used; but with the other two labour was easy. About half-past six a.m. she uttered a loud cry, and accused the midwife of having used violence to her.

Dr. Stillman saw her about eleven a.m., and from the aspect of her face, diagnosed rupture of the uterus. The labour pains had disappeared, but she had severe pain, of a dull, constant nature, referred to the upper part of the left side, near the false ribs. The child lay high up in the abdomen; the outline of its limbs could be easily felt through the abdominal walls, but the situation of the head could not be detected; and the pulse was quick and feeble. The patient informed him that the midwife had introduced her hand, and caused severe pain, and a gush of discharge (blood and water). Dr. Wilson saw her soon afterwards, and was of the same opinion as Dr. Stillman—that the uterus was ruptured. The state of collapse was so great that both thought it advisable to give her stimulants and opium before attempting delivery.

Having rallied a little in the course of an hour and a half, Dr. Wilson introduced his hand for the purpose of turning the child, which, from the site of the pain, and the ease with which the limbs could be felt, was supposed to have escaped from the uterus. He felt, in passing his hand, which he did with ease, first something like a piece of omentum (most likely the upper border of the rupture), and then the head. The feet were easily reached, and brought down, and she was delivered of a large child without any very great difficulty. The placenta followed immediately, but there was no discharge either at the time or subsequently. In the evening, the abdomen became hard and tender, and began to swell, and the pain experienced when the rupture occurred continued unmitigated until death, which took place seventy-two hours after delivery.

At the request of the husband, and with the sanction of Drs. Wilson and Stillman, who refused to grant a certificate without a *post mortem* examination, Drs. Stewart and Reeves made a *post mortem* examination, to determine the nature of the accident. The abdomen was greatly distended by gas, and its cavity contained a considerable number of clots, with coloured serum diffused all over the intestines, and traces of extensive peritonitis. In the front of the uterus, about two inches from its mouth, there was a rup-

ture about four inches in length, the upper edge of which was irregular, inverted, thickened, and dark-coloured, from the presence of blood. The lower edge was thinned, but smoother, and less discoloured. There had been no discharge from the vagina. The subsequent examination of the body, forty-eight hours later, by the coroner's order, brought to light no additional facts of importance. The placental attachment was well marked; and, although the brain was nearly diffuent, and the lungs, liver, spleen, and kidneys more or less softened from decomposition, the structure of the womb was healthy, but paler than when first examined. The heart and large vessels were empty, the walls of the former thin and rather pale, and the pleural cavities contained a large quantity of bloody serum. The sacrum was very prominent, and the pectineal line of the pubes sharper than usual; the crest of the latter was very sharp. The pelvis, in its antero-posterior diameter, measured three inches and seven-eighths; and in its transverse, about five inches.

The labour in this case did not appear to have been severe, or of long duration (about five hours), when the rupture took place. Her abdomen appeared to have been large and pendulous, and its walls were very thin. The position of the rupture was immediately opposite the thin and sharp edge of the pectineal line of the pubes, and it was against it that the head of the child had pressed the front of the uterus; and that, on the midwife attempting to alter the position of the child, the rupture occurred; for it was then that the patient cried out, "you have murdered me," and the sudden gush of discharge took place, and the severe, constant pain set in, which lasted until death, and the expulsive pains ceased.

It will be remembered by the members of the profession that, in a late case in which rupture of the womb was found after death, an attempt was made to prove that the medical attendant who had charge of the case had improperly interfered, and caused her death. It is hardly necessary to enter into the grounds on which the charge was made; the accounting for the absence of blood about the intestines by the attendant passing the nozzle of a pint enema syringe through the rupture, which, if we remember rightly, was of the same size as the one found in this poor woman's uterus, and washing away every trace of blood, coagulated lymph, and bloody serum from the edges of the womb and from the abdominal cavity. There can be no reason why the interests of medical science should not now be considered, and medical men guarded against the too free use of the uterine sound on instruments which may be said to have destroyed many lives.

At the inquest on the body of this poor woman,

some very curious obstetrical opinions (evidently his own) were advanced by the expert.

MORBID ANATOMIST.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

SMALL-POX AND RE-VACCINATION.

To the Editor of the Australian Medical Gazette.

SIR,—It having been recently recommended that the Government should appoint a commission, consisting of medical men and dairy farmers, for the purpose of carrying out vaccination according to the approved method now adopted in continental Europe, by vaccinating heifers, and procuring abundance of good vaccine lymph, I am really surprised at this recommendation, after the outrageous failure of the Small-pox Commission. A vaccination commission would certainly be an absurd proceeding. Besides there is no necessity for any such step, as there is now and has been for years, in Melbourne, as good, as pure, and as effective lymph as in any part of the world. The immortal Jenner, on this subject, states that "vaccine lymph undergoes no change by mere lapse of time, when proper care and attention is used in the selection of subjects." Mr. Marson, Surgeon to the London Small-pox Hospital, corroborates his views, and is now using lymph brought into use by Jenner more than fifty years ago, with precisely the same results it developed at first, and when, compared with others taken from the cow only a few years, no difference could be detected. Mr. Seaton, the Medical Inspector to the Privy Council, says that the lymph now in use throughout the stations of the national vaccine establishments is, if not exclusively, nearly all from Jenner's original stock; and he entirely concurs, from personal observation, with the opinion of the National Vaccine Board, that the vaccine lymph does not lose any of its prophylactic power by a continued transit through successive subjects, and that it is a fallacy to predicate the necessity of resorting to the original source of the cow for a renewed supply. If these observations are correct—and, from my own experience, I place the most implicit reliance on them, as coming from the very highest authorities on the subject—Mr. Ceely, the best authority in England on the disease in the cow and its transplantation to the human species, says that lymph taken direct from the cow is more liable to irritate the system and pro-

duce cutaneous eruptions, and that is not near so active, and less certain in its inoculating power than when it is humanized. Are we certain that we have a good supply of lymph? I assert we have, and I appeal to other public vaccinators in support of my opinion. I think the first thing necessary to be done is to increase and preserve it from deterioration by adopting and carrying out at least some of the instructions laid down by the Privy Council for the guidance of the public vaccinators in England. One of the first is, that they shall always have an average number weekly of not less than ten cases to select lymph from, which cannot be done unless their districts are sufficiently large. For this object it has been found necessary to decrease the number of vaccinators and unite the districts, so as to give each vaccinator one containing not less than 25,000 inhabitants. The Government here have, of late, done the reverse of this by dividing the districts and increasing the number of vaccinators, which will give to each less cases and limit the selection of lymph. Under the new English vaccination law of 1867, the districts are of two classes—the first, with an average of twenty cases, to be vaccinated weekly; the second, with not less than ten, for the purpose of enabling the vaccinator to select only from the most healthy subjects. The same rule must apply here with much greater force, when our population is less and our climate warmer.

Having now disposed of the supply of pure lymph, I wish to make a few remarks on the necessity for re-vaccination. We have not had much opportunity of practically testing its protective power here, as small-pox is only a recent visitor; but as to the amount of danger incurred in undergoing the operation, I can, from my own experience of nearly 1,000 cases of re-vaccination, state, that in no instance have I seen any ill consequences follow, save a little irritation of the system, or very slight inflammation of the arms, which might be occasioned in some constitutions by a mere scratch of a pin. Re-vaccination is generally practised throughout the continent of Europe, at least in all Government departments, the armies, navies, etc.; in England it is considered of so much importance, that the Government pay for all re-vaccinations, but it recommends it not to be done, unless where badly vaccinated, until after the age of fifteen years. We have it from the best authority that, after successful vaccination, small-pox, even in the most modified form, is rarely met with. But of 14,000 soldiers re-vaccinated in Wurtemberg, only one case occurred; and among 80,000 re-vaccinations in civil practice, there were only two cases of it in a modified form, although small-pox prevailed in several hundred localities, producing over 1,600 cases of modified or unmodified among the not

re-vaccinated or not vaccinated of a population of a little over 300,000. For ten years, in the Bavarian army, among whom compulsory re-vaccination is practised, only a few cases of modified form have occurred, and no deaths. I think these facts ought to be sufficient to point out the absolute necessity for re-vaccination at the present time, more particularly, as Marson and other good authorities tell us, that the disposition to contract small-pox a second time is promoted by any great climatic change, whether from a hotter to a colder, or from a colder to a hotter region, in persons protected by variolous inoculation, or previous natural pox, as well as in the vaccinated. In conclusion, it appears to me there is a greater necessity for re-vaccinating adults than children under the age of twelve years, unless the marks on the arm are very slight. The outbreak of small-pox among us now bears out this view; for, with the exception of the infant and the boy recently attacked by it, all others were adults, and nearly all had been vaccinated.

I am, sir, your obedient servant,

GEORGE MOORE, M.R.C.S.,
Public Vaccinator for North Melbourne.

PROCEEDINGS OF

The Victorian Medical Association.

THE usual monthly meeting of the Association was held in the Board-room of the Melbourne Hospital, on 9th April, at half-past seven o'clock precisely; Dr. Stewart, president, in the chair. There were also present the following members of the profession—Drs. McCarthy, Curtis, Reeves, Iflla, Maunsell, Gregory, Lawrance, Moore, Crooke, Nalty, and Lloyd.

The minutes of the previous meeting having been read and confirmed, before proceeding to the regular business of the meeting an unanimous vote of thanks was passed to the Managing Committee of the Hospital, as an acknowledgement of their kindness in affording the Association the use of the Board-room for its meetings.

A vote of thanks was also accorded to Dr. Von Mueller for presenting the Association with Vol. IV. of the "Flora Australiensis."

The PRESIDENT then read a paper on the introduction of the hand into the uterus previous to the sixth month of utero-gestation, incidentally treating of hæmorrhage and retained placenta occurring in connection with abortion or miscarriage.

Dr. REEVES related his experience of the great difficulty sometimes experienced in attempting to

remove the placenta, and advocated plugging the vagina.

Dr. M'CARTHY was adverse to the use of instruments for extracting the placenta, a practice which, he conceived, usually lacerated the placenta and encouraged hæmorrhage. He preferred plugging the vagina, external pressure over the hypogastric region, and ergot.

Dr. CROOKE was of opinion that the hand could not be introduced into the uterus at any period of the fifth month; and advised the use of sponge when plugging was required to restrain hæmorrhage.

Dr. CURTIS was opposed to too much interference with the placenta in cases of abortion occurring in the earlier months of utero-gestation. He relied chiefly on plugging and ergot.

Dr. IFLLA concurred in the great value of *secale cornutum* in these cases.

Dr. MOORE spoke very favourably of the results obtained in his practice from pressure over the uterus, combined with cold, and the exhibition of ergot and opium.

Dr. GREGORY highly commended the great advantage arising from the use of opium and *secale cornutum* in such cases.

In reply, the PRESIDENT stated the good results derived in his own practice from the liberal use of opium combined with plugging, stating that, for the latter purpose, he found a common calico roller or bandage the best appliance, claiming for it the advantage of being readily applied, and affording the practitioner the means of using whatever quantity he may find requisite.

A vote of thanks having been passed to the President for his valuable paper,

Dr. M'CARTHY brought up the proposed rules for the government of the Association, which, having been read and considered, were ordered to be printed.

In consequence of his unprofessional conduct towards the Association, the expulsion of Dr. J. P. Murray, of Brighton, was unanimously agreed to.

RULES OF THE VICTORIAN MEDICAL ASSOCIATION.

I. The name of the Association shall be the Victorian Medical Association.

II. The object of the Association shall be the promotion of all branches of medical science, and of the general interests of the medical profession.

III. The Association shall consist of ordinary and honorary members.

IV. The office-bearers shall consist of a President, Vice-President, Treasurer, and Secretary,

who, with six other members, shall constitute the committee of management, and shall be elected annually by ballot at the ordinary January meeting; all interim vacancies may be filled at the next ordinary meeting.

V. Every candidate for election as an ordinary member, shall be a legally qualified member of the profession, and if not on the Register of the Medical Board of the Colony, he shall submit his diploma for examination at an ordinary meeting of the Association. He shall be proposed and seconded by members of the Association at an ordinary meeting, and shall be balloted for at a subsequent ordinary meeting; a majority of three-fourths of the members present being necessary to render his election valid. No ballot or other business can take place unless there be a quorum present.

VI. Ordinary members residing within ten miles of the Melbourne Post Office shall pay an annual fee of two guineas; those residing beyond ten miles, one guinea. All ordinary members are entitled to receive the *Victorian Medical Gazette* free of postage.

VII. Honorary members shall be elected in like manner as ordinary members, namely by ballot; but four-fifths of the members present must vote in favour of the candidates to render their election valid. Honorary membership shall be conferred solely as a mark of distinction. Honorary members may take part in all discussions, but may not vote.

VIII. The annual subscription shall be due on the first day of January in each year, and any member whose payment shall be two months in arrear, shall be apprised of the same by the treasurer, and if payment be not made within one month after such notice, his *Gazette* shall not be sent, and if his subscription be not paid before the end of the year, he shall cease to be a member of the Association, but may rejoin by paying all arrears, or as a new member.

IX. The ordinary meetings of the Association shall be held on the second Friday in each month, at half-past seven p.m.; notice thereof shall be given by circular three clear days prior to each meeting, stating the contemplated business of the evening; five members shall form a quorum.

X. The business of ordinary meetings shall be strictly confined to the election of members, and the reading and discussion of original papers on professional subjects. Papers so read shall become the property of the Association, and shall not subsequently be altered by the author without the permission of the Committee of Management. All papers shall be read in the order in which the notification shall have reached the Secretary, and shall be so printed in the circulars calling the meetings.

XI. Members shall have the privilege of introducing friends to the ordinary meetings, with the permission of the President or the Chairman.

XII. The President, or, in case of his refusal, any five members, may call a special meeting of the Association on giving three days notice, by circular, to every member residing within ten miles of Melbourne, specifying all the business proposed to be transacted thereat. In case of emergency, the three days' notice may be dispensed with if the President and Committee of Management think fit.

XIII. At the termination of the business of ordinary meetings, the President or Chairman may, with the permission of the meeting, convert the ordinary into a special meeting, though no intimation had been given in the circular convening the meeting; but such cases ought to be confined to matters of special importance, as the welfare of the Association depends on strict adherence to the rules. Nothing foreign to the business legitimately before the meeting shall be permitted to be introduced or discussed.

XIV. Every member shall rise on addressing the chair, and shall not speak oftener than once on the same subject without permission of the Chairman, unless in explanation, or in reply to comments upon his paper or subject.

XV. The President shall take the chair at all meetings of the Society and of the Committee of Management, and shall maintain order and regularity in the proceedings. He shall deliver an address at the termination of his year of office. In the absence of the President the chair shall be taken by one of the Vice-Presidents; and in their absence, the members present shall appoint a Chairman.

XVI. The Committee of Management shall meet at least once in every three months for the transaction of business, and shall furnish a report of the state of the Society, including the Treasurer's balance-sheet, duly audited at the ordinary January meeting.

XVII. The members of the Society shall be invited to an annual dinner or conversazione, at which any member may introduce a friend on the same terms as a member. The Committee of Management shall fix the day, and make all other necessary arrangements.

XVIII. Any member found guilty of unprofessional conduct shall be expelled from the Society, at a special meeting to be convened for the purpose, by a vote of three-fourths of the members present.

XIX. The foregoing rules may be altered or added to by a majority of votes at a special meeting, or at the ordinary January meeting; but a month's notice of the proposed alterations must be first given.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: FRIDAY, APRIL 30, 1869.

THE recent inquiry held on some human remains, lately discovered at Emerald hill, was characterised by such strange conduct on the part of the medical expert—employed, we presume, by Mr. Richard Youl, the city coroner—that we deem the matter of sufficient importance to the public and the profession to place on record the history of this unique investigation in the annals of medical jurisprudence.

In the early part of the month of April, the remains of an infant, apparently in a very imperfect condition, were discovered by the police among some excrementitious material deposited in the neighbourhood of Emerald hill, which material was ascertained to have been removed from a certain hotel in that locality, in which resided two young women, one of whom, according to rumour, had been pregnant some time previously. Upon these remains an inquest was held in due course by the city coroner. So far there is seemingly nothing unusual; but the next step in this extraordinary case was such a gross invasion upon every feeling of female modesty, that our readers will scarcely credit us when we inform them that, during the progress of the inquest to which both these young women were summoned as witnesses, their ignorance and want of knowledge, combined with their peculiar position, were taken such advantage of, that they were induced, under censurable pretences, despite the natural feelings of every decent female, to submit their persons to the inspection and manipulation of Mr. Neild, it having been insinuated to them that this proceeding was done in their own interest in order to clear their characters. British law mercifully and wisely will not permit an accused person to give evidence against himself, or even to make an admission (while under duress) tending to criminate him, without being, at all events, previously cautioned as to the effect of such admission, and that he need not make it unless he thinks proper to do so of his own free will; but, in this instance, we have a member of an honourable profession taking advantage of the unprotected condition of two

helpless young women, or, to place the matter in the most favourable light to Dr. Neild, permitting himself to be made the willing tool of an ignorant and officious policeman, or of the coroner, at whose suggestion or dictation he violates the finest feelings of these two young women in his search for evidence against them, acting the ignoble part of a medical detective, a character so odious, that no individual, imbued with the feelings of an honourable man, would for any consideration, or under any circumstances, undertake such degrading office. We would not have touched on this subject at such length, or perhaps at all, did we not perceive that neither the public press nor the profession have taken that notice of this matter which its important bearing demands, but we conceive if the conduct pursued on this occasion were to pass unrebuked, there is no knowing to what still more outrageous lengths, if such were possible, our pseudo pathologist might proceed under the fostering care of his patron, Dr. Youl, so quickly does example ripen into precedent. Common propriety and decency, even had he the right to do so, should have prevented a medical man acting so questionable a part.

We ask ourselves in vain by what right Dr. Neild presumed to subject these two young women to a proceeding, under the circumstances, at once odious and inquisitorial, as well as repugnant to, and destructive of, all feminine modesty and virtue, thus playing the rôle of a medical detective, under the pretence of clearing their characters, in order to obtain the means of involving them, if possible, in a criminal prosecution. We are well aware that neither the coroner nor the police had the power to authorise such an indecent, illegal, and corrupting proceeding.

We have no desire to deal severely with Dr. Neild, or any other professional man; and even if we did so, we consider that the man who hesitated not to slander the entire profession, in order, like another dramatic character, "to put money in his purse," has no right to complain if his professional brethren expose his worthless pretensions and mean actions, and who, on the present occasion, makes so contemptible a figure, it is impossible for his greatest friends, if he have such, to defend his conduct, at variance at once with all manly instinct, as well as calculated to reflect discredit on the medical profession. The pathologists' organs touched very

lightly indeed on this subject, sensible, no doubt, that it was neither creditable to their *protégé*, nor calculated to promote the darling object of quartering their critic on the public purse. We are indebted to Professor Halford for the expression, "dragging medicine through the mire;" but this is the first time we have heard of its being dragged through a *****. The proceedings of which we now complain strongly remind us of the language made use of, in reflecting on the conduct, or rather misconduct of coroners, by Lord Ellenborough, quoted by Mr. Lovesy, in his edition (October, 1866) of Sir John Jervis's "Law of Coroners," in which he stigmatises "The inopportune visitation of needy and unscrupulous officials, who, for the sake of augmenting their fees, obtrude themselves into private families, to their great annoyance and discomfort, without any pretence of the deceased having died otherwise than a natural death." Sir John Jervis, in his work, further lays it down as an axiom—"Unless there be a reasonable ground of suspicion that the party came to his death by violent means, there is no occasion, except in the case of a person dying in gaol, for the interference of the coroner." We believe we are perfectly justified in asserting that, according to this dictum, fully fifty per cent. of the inquests held in the metropolitan districts are unnecessary, and that the people of Victoria have far greater occasion to complain of "the obtrusion of needy and unscrupulous officials into private families" than ever the people of England had.

We must really apologise to our readers for having so frequently called their attention to repeated acts of misconduct on the part of coroners and their *protégés*, but our excuse is, the great importance of the subject to the public and the profession, as well as the recent cunningly-devised scheme for sacrificing the public safety and the credit of the profession, in order, under the mask of public advantage, to promote the grovelling selfishness of two persons. We sincerely hope we have now done with the misdoings of coroners and their would-be pathologists, but these persons may rest assured that our earnest efforts will not be wanting, should occasion require it, to expose the illegal and arbitrary practices of the former, or to repel from the profession the odium resulting from the unmanly and discreditable conduct of the latter.

—Would any of our readers consider we have

reflected somewhat warmly on Dr. Neild's conduct, we can assure them, if such be the case, that we are solely actuated by an honourable solicitude for the good name of the profession, and by an honest detestation of any conduct on the part of medical men calculated, in our opinion, to compromise and lower them in public estimation, particularly as the organs which still so persistently harp on the necessity of appointing Government pathologists lose no opportunity of unfairly attacking and misrepresenting medical men who happen to come in contact with the coroner. If the proceedings at Emerald Hill are to be taken, and we think they may, as a sample of the manner in which such investigations would have been conducted under the pseudo-government pathologist scheme, the public may be congratulated upon their fortunate escape from the intrusion of such inquisitorial officials.

Medical Annotations.

SURGICAL AND MATERNITY HOSPITALS.

THE reiterated statements of Sir James Simpson on the subject of Maternity Hospitals, as ordinarily erected and conducted, and their mortality, must in course of time produce an effect. *Apropos* of a letter on the subject of the mortality in the Edinburgh Maternity Hospital, Sir James, in a long letter to the *Scotsman*, makes some remarks on the subject of Surgical Hospitals, which he likens in many ways to Maternity Hospitals, which are well-worthy of general attention. He puts his remarks in the convenient form of propositions, which we here reproduce. Taking limb amputation as the standard of comparison, he goes on to state:—

"*First Proposition.*—About three times as many patients die after limb amputation in our large Hospitals as die from the same operations in private and country practice.—I have collected the reports of 1000 and odd limb amputations in country and provincial practice. Out of the 1000, the proportion of deaths was nearly 110, or 1 in 9. But out of 1000 similar amputations performed in the large hospitals of Edinburgh, Glasgow, London, etc., the proportion of deaths is generally above 300, or about 1 in 3. In our hospitals, then, as at present constructed, we thus induce a sacrifice of some 200 human lives out of every 1000 limb amputations, over similar operations performed in the country, chiefly in the habitations and cottages of the poor; and so, no doubt, propor-

tionally with regard to other surgical operations; if not also with regard to other diseases when treated in hospitals, as hospitals are at present commonly constructed and used.

*"Second Proposition.—Hospitals seem generally to be much more healthy when first built than after they become used for a few years.—*For example, Mr. Liston told me that for years after he was transferred from Edinburgh to the charge of the new Surgical Hospital at University College, London, his success appeared to himself to be astonishing. Mr. Potter has published the statistics of the amputations in University College Hospital for the first five or six years after the hospital was opened. The deaths amounted to 1 in 6 or 7 of those operated upon. In the last returns which I have seen published (1855-1857), the deaths had more than doubled, for they had increased to above 1 in 8. In 1752, the first Professor Munro published the results of the first 99 or 100 limb amputations performed in our own infirmary here. Of the 100 only 8 died, or 1 in 12. The last tables published show a death-rate from the same operations of above 30 in 100, or 1 in 3. Hence there are some evils in our hospital constructions which make their deleterious influence and atmosphere far more than neutralise and counteract all the benefits derivable from the advancements of surgical science.

*"Third Proposition.—To reduce the death-rate from operations in our surgical hospitals, we should perhaps specially strive to assimilate the form and arrangements of these hospitals to the conditions of patients in private and country practice, where these operations are so much more successful.—*Writing on this subject upwards of twenty years ago, I suggested that our medical, surgical, and obstetric hospitals should be changed from overcrowded and many-storied palaces, with layers of sick placed on each flat, into villages or cottages; and these villages, or the working wards and parts of the hospitals, should not be built of stone and lime, but of some temporary material which allowed them to be taken down and rebuilt every few years—as brick, wood, or iron; and I added, that if constructed of iron the material would not greatly deteriorate from use. An iron house or ward can always be readily taken down and screwed up again. But if constructed of permanent materials—as stone and lime—the hospital, to assimilate it to the country village, should at least consist of only one story, underbuilt or not with structures for other hospital purposes. I have heard the idea of an hospital village objected to, on æsthetic and architectural grounds. I feel sure, however, that Mr. Bryce could erect for us a splendid village, as well as a splendid palace. He might make the administrative part of the hospital

as rich and elegant a stone structure as art could devise.

*"Fourth Proposition.—If permanent stone and lime structures are raised, there should be many wards of reserve, so that every ward should be duly cleansed and fumigated every few months in turn.—*Much advantage has already resulted from this plan; but, it is, of course, not so certain as reconstructing the wards anew.

"Cottage or hut wards, made of wood and canvas, have, since the late German war (when they were found to be better and safer than palatial hospitals), been erected on the grounds around various medical and surgical hospitals in the larger cities of Germany. They are used during the summer, as they have not yet been made to resist the intense cold of the continental winter. The whole system of village hospitals now spreading over England is founded on this principle. In the grounds of our own infirmary sheds and tents were used most successfully when the wards of the hospital were overcrowded in two epidemics of fever and scurvy. Speaking of the results of observations on this matter during the late civil war in America, Dr. Hammond, formerly Surgeon-General to the United States army, states:—"Temporary hospitals . . . are far healthier than permanent buildings—an assertion the truth of which has been thoroughly demonstrated during the present rebellion." He thinks they are best made of wood. One made of iron, and forming a ward of twenty beds, has lately been erected and used at Bathgate. It cost £7 a bed. Each bed in our chief hospitals—when the structure is a mansion built of stone and lime—has generally cost £100 to £200; and some have cost much more."

Sir J. Y. Simpson contends, that as crowding is liable to affect the death-rate out of the hospital, still more is it likely to affect both the death-rate and period of convalescence in a mansioned hospital. Hence, to ensure an abundant supply of fresh and everchanging air, the larger the area over which an hospital is spread the better, and he therefore advocates additional grounds to be added to those of the present or proposed infirmary. Sir James, although strongly opposed to Maternity Hospitals in their present form, maintains that the objections to them hold with equal force against Surgical Hospitals, and, as we cannot well do without either, we must give them the best form and structure. After adducing some arguments in favour of having a new Maternity Hospital associated with the new infirmary, he concludes a powerful letter as follows:—

"The new model Obstetric Hospital should, I hold, certainly not be large; should be built cheaply, and with temporary rooms and wards;

and should be a structure, like the Lock, Fever, and Small-pox Hospitals, separated from the other hospital buildings."—*Medical Times and Gazette*.

ON THE USE OF COFFEE IN STRANGULATED HERNIA.

We believe that all our English writers on Surgery totally ignore the value of this remedy, trusting to what is no doubt a far more potent therapeutic agent—namely, chloroform. But there are cases where, for certain reasons, chloroform should if possible be avoided; and these are just the cases in which the other old remedies, such as the hot bath and tobacco enemata, are likewise dangerous. If a remedy could be found which would act in reducing a hernial obstruction without exciting dangerous symptoms of depression, it would obviously be a great boon to Surgeons. Dr. Marchand, in an elaborate article on the therapeutic action of coffee, has collected a sufficient number of cases of strangulated hernia in which this simple remedy has proved successful, to warrant us in recommending its further trial. It appears that in the Havana, coffee has from time immemorial been employed for the reduction of hernias. A French Surgeon, Durand (de Batignolles), when residing there, saw it several times applied with success, and on his return home in 1857, he tried the remedy in France. A hernia of thirteen years' standing became strangulated, and all ordinary means, as the taxis, ice, draughts containing belladonna, etc., proving ineffectual, an operation was decided on, when M. Durand declared that he knew a sovereign remedy, which he begged to be allowed to try. His offer being accepted, he ordered 250 grammes (about half a pound) of powdered roasted coffee to be added to twelve cupfuls of boiling water, and of this a cup was to be taken every quarter of an hour till eight cups were taken, after which half an hour was to elapse between each dose. After the fifth cup the patient felt gurgling in the tumour, and the ninth cup was followed by the spontaneous reduction of the tumour. This case was published by Triger in the *Gaz. des. Hôpit.* for May, 1857, and, as might be expected, not only excited *un vif étonnement*, but led to further trials. In the following year (1858) Meyer reported the case of a man, aged 62, in whom there was a spontaneous reduction of hernia after the sixth cup; Czernicki reported a similar case which yielded to the fourth cup; and Barasent described the case of a woman to whom, after twenty-four hours' vomiting, he gave coffee, and whose hernia yielded to the fourth cup.

In 1859 Rouziar-Joly, of Clermont-l'Hérault, published two cases in which he combined the coffee treatment with the local application of

belladonna ointment. Although there was intestinal hæmorrhage, in both these cases, from, as he thinks, the use of too large doses, he adds that we should not, on account of such accidents, renounce a remedy which is "as active as it is successful." In the same year we are told that "Sammert en Angleterre" reported another successful case. We suspect that some evil has befallen our compatriot's name in the hands of the French author.

In 1860 Paultrier, and in 1861 Lamare-Piquot (of Honfleur) and Cellarius, adduced additional evidence of the value of this remedy; but the two last-named writers differ as to its mode of action. The former holds that it acts by occasioning *decongestion* of the strangulated part of the intestine, while the latter thinks that it acts by exciting the contraction of the intestinal fibres, which thus gradually liberates the strangulated portion.

In 1864 Lamare-Piquot published his *Études Experimentales de Médecine et de Chirurgie Pratiques; De l'Action Dynamique du Café et de son Emploi dans les Hernies Étranglées*, and this, so far as we know, is the latest work or memoir on the subject. If the above cases are worthy of credit, which there is no reason to doubt, surely coffee deserves a further trial in strangulated hernia before an operation is resorted to.—*Medical Times and Gazette*.

PERCHLORIDE OF IRON IN POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—As I am mainly responsible for the introduction of the use of perchloride of iron to arrest uterine hæmorrhage, I beg permission to answer the inquiry of "J.T." as to the mode of applying it. A very convenient preparation is the *Liquor ferri perchloridi fortior* of the British Pharmacopœia. Half a pint of this may be diluted to a quart by adding a pint and a half of water. This dilution should be put into a small deep basin. The syringe most convenient is Higginson's, fitted with a uterine tube about nine inches long. My syringe has a common mount, which is made to fit either the elastic dilators or the uterine tube. Care should be taken that air is not sucked up into the syringe. To avoid this, keep the entrance-tube of the syringe at the bottom of the fluid, and pump through back into the basin until the syringe is filled with the fluid. The apparatus being ready, pass the left hand into the uterus, clear away all placenta and clots, then slip up the uterine tube along the palm of the hand, so as to carry the end of the tube up to the fundus of the uterus: then compress the syringe gently and steadily, so that the fluid may trickle down over

the whole inner surface of the uterus. The pumping may be repeated until the basin is *nearly* emptied—not quite, lest air be taken up. As the iron acts by coagulating the blood in the mouths of the vessels, and mere contact is enough for this, it is unnecessary to pump with any force.

The effect of this injection is to corrugate the inner surface of the uterus, and commonly some degree of muscular contraction follows. I have hardly ever known any more hæmorrhage to occur after one injection. Henceforth the patient is safe from further loss; and if not already too far exhausted by previous loss, there is nothing to prevent the patient's recovery.

I have practised this plan for several years, and in a great number of desperate cases, where kneading, compression, ergot, cold in every form, had failed, and I have seen no bad consequences from it. Practised with the precautions I have laid down, I believe it is in itself safe, and I am certain that not a few lives have been rescued by it from otherwise imminent death.

I have also used it in cases of excessive flooding attending abortion. But where the uterus is small, and the cervix not admitting more than the finger, I now prefer to apply the styptic on a swab, such as a common probang. I have a strong suspicion that in one case of early abortion, an injection made too forcibly by means of a caoutchouc bottle was the cause of a fatal catastrophe. The patient died almost suddenly soon after the injection, with symptoms resembling those consequent upon air entering the circulation.

This, the only accident I am acquainted with, suggests caution. But in a desperate emergency, like flooding, we must be prepared to encounter some risk, rather than suffer the patient to lose that last little stock of blood in which the life of the patient lingers.

I am, Sir, your obedient servant,

ROBERT BARNES.

Finsbury-square, Jan., 1869.

CARBOLIC ACID IN COMPOUND FRACTURES, WOUNDS, BURNS, AND GUNSHOT WOUNDS.

To the Editor of THE LANCET.

SIR,—Having used carbolic acid in numerous cases since its introduction by Professor Lister, F.R.S., I do not hesitate to say that I look upon it as one of the most useful of modern therapeutic agents in surgical practice. By its use conservative surgery has been rendered still more conservative, and a vast amount of misery, discomfort, and mutilation avoided. Since its introduction our operations have been less numerous, although accidents from machinery and other causes have

been on the increase, and of almost daily occurrence. I observe that the reports from some of the London hospitals have not been quite favourable, and I think it the duty of those connected with public institutions to give it a fair trial, and report accordingly.

In recent wounds our honorary surgeons generally use lint soaked in a liniment of one part of carbolic acid to five of linseed oil. This seems to possess healing, antiseptic, anti-purulent, and even anæsthetic properties in a remarkable degree.

In burns, as Professor Pirrie remarks, "It seems to accelerate the subsidence of local symptoms, to procure rapid and perfect relief from pain, and to promote healing without suppuration."

We have at present under treatment two cases of gunshot wounds—one of the leg, with comminutive fracture of tibia and wound of posterior tibial artery, and the other of the hand, with severe laceration and destruction of soft parts. Both cases are recovering, carbolic acid having acted admirably. I may add that we have tried the carbolic lac plaster as prepared in Glasgow according to the recipe of Mr. Lister, and have found it very useful.

In short, I beg leave to confirm in the strongest manner all that Professors Lister, Syme, and Pirrie have said of this most valuable discovery.

I am, Sir, your obedient servant,

JOHN ROSE, M.D.

Kidderminster Infirmary, Jan. 9th, 1869.

THE TREATMENT OF CARBUNCLE.

BY JAMES PAGET, D.C.L., F.R.S., SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

IN an able clinical lecture delivered on this subject, and reported in a recent number of the *Lancet*, Mr. Paget questions the utility of treating this painful complaint by the usual method of making crucial incisions, which are supposed to relieve pain, to prevent the extension, as well as to promote the healing of these affections. He recommends great cleanliness in the management of carbuncles; nourishing but not stimulating food; the appropriate treatment of complications, should any arise; allowing the patient to have very free air, by permitting him to take such exercise as he is able. Tonics and aperients may be ordered, if necessary. He lays much stress on the great value of opium in these cases, particularly in the early stages, when pain is most urgent. After recommending the washing of carbuncles with some deodorant, such as Condy's fluid or weak carbolic acid, he says, "In local treatment, one of the best things you can do, if the carbuncle is small, is to cover it with emplastrum plumbi spread upon leather, with a hole in the middle, through which the pus can exude and the slough

can come away. That, occasionally changed, is all the covering that a small carbuncle will need. It is difficult thus to cover the whole surface of a large carbuncle, and to keep it clean; therefore, I think that the best application for that is the common resin cerate. This should be spread large enough to cover the whole carbuncle, and over it should be laid a poultice of half linseed-meal and half bread. That mode of dressing the carbuncle, so far as the materials are concerned, will last through its whole course."—*The Lancet*.

BIBRON'S ANTIDOTE IN SNAKE POISONING.—Mr. W. Desprez, of North Alabama, U.S., reports what looks like a successful method of treating rattle-snake bite. The patient, a girl aged 14, was bitten in the evening about seven o'clock, the snake seizing the end of the right ring-finger. Mr. Desprez saw her about three o'clock in the morning, when he found the hand, forearm, arm, and shoulder much swollen, and a dark ecchymosed line running from the root of the finger almost to the shoulder-joint. The inside of the bitten finger was covered with several blisters full of dark fluid blood as far up as the second joint. Whisky had been freely given; capsicum and ammonia were also exhibited, but the condition of the patient did not improve, rather the contrary, for the inside of the arm and belly of the biceps became very black. At four o'clock next day—that is, nearly twenty-four hours after the bite—Bibron's antidote was given. This consists of corrosive sublimate, iodide of potassium, and bromide of potassium, in the proportion of two grains of the first, four grains of the second, and five drachms of the third, apparently in saturated solution. Of this twenty minims were given for a dose every twenty minutes. By seven o'clock the swelling was reduced, and the patient gradually improved, until in about ten days she was quite well. Professor Gross says he knows of ten cases where this remedy succeeded, and we have, on a previous occasion, mentioned that it was well spoken of by a high medical authority in charge of one of the United States exploring expeditions to the Rocky Mountains. It does not seem to be infallible any more than any other remedy; but enough has been seen of it to justify its careful trial in any case of snakebite, especially as these are too often hopeless when treated otherwise.

NURSERY REFORM.—We make no apology for taking the following extract from the letter of a lady published in a late number of the *Lancet*, as we cordially agree with the views of the writer:—"It is now-a-days quite the exception if a woman of the upper or middle classes nurses her own children. Where there is carelessness and a ten-

dency to self-indulgence, leading to the exaggeration of difficulties and the desire to evade the duty, it then becomes the business of the doctor to urge every consideration, moral and physical, which can avail to create a different state of feeling. I fear, very often this is not the view taken of the matter. On the contrary, young mothers are constantly told that it is really of little consequence whether or not they nurse their children; that they will thrive equally well on 'the bottle'; and some men of no mean standing have even been known to represent to mothers, anxious to nurse, the amount of sacrifice it would entail, persuading them to the relinquishment of a duty which should be encouraged in every possible way."

INCREASED MORTALITY FROM CHOLERA.—In an article on "Cholera Hospitals" which appeared in a recent number of the *Indian Medical Gazette*, the increasing virulence of cholera of late years is dwelt upon. During the past forty years the relative mortality from cholera in India has been steadily increasing. Forty years ago, as we learn from Dr. Bryden's tables, the death-rate from cholera in the European army was 22.89; in 1867 it was 66.07. And this astonishing difference is not the result of a sudden rise, the cause of which is evident, but of a gradual and systematic ascent, the history of which requires investigation. With the native army in 1829 the death-rate was 19.56; in 1867 it was 50.82, arrived at by the same process. Nor have the prisoners in our gaols escaped: The cholera death-rate with them in 1867 was 42.88.

LIBEL ON THE PROFESSION.—It is stated in a Somersetshire newspaper, in allusion to the approaching execution of a man for the Wells murder, "that in past times, Mr. Oakley, the governor of the gaol, has actually had applications from members of the Surgical Profession to act as executioners."—*Medical Times and Gazette*.

Notice to Correspondents.

DR. STEWART'S paper will appear in our next number.

COMMUNICATIONS for the *Gazette* are requested to be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND Co., 72 Little Collins-street East, Melbourne.

Births.

LOFTUS.—On the 28rd April, at Warrnambool, the wife of Wm. Loftus, M.D., of a son.

LAWRENCE.—On the 29th inst., at No. 9 Drummond-street, Carlton, the wife of Mr. O. F. Lawrence, M.B., of a daughter.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued).

YELLOW-FEVER.

For no disease have more stringent and lengthened quarantines been adopted of recent years in some European ports than for this tropical fever. More than two-thirds of the vessels detained at Lisbon in 1858 were quarantined on this account, and the quarantines varied from five to twenty-five days, even after protracted voyages of thirty, forty, fifty days, and upwards, without any case of the disease having occurred on board.

A vessel with a clean bill, thirty-eight days out from Bahia (a suspected port), was quarantined for twenty days; and another vessel with a clean bill from Pernambuco, after a voyage of two months, was detained ten days before receiving pratique.

In four only, out of 136 vessels quarantined this year at Lisbon, had deaths from the fever occurred during the voyage. No case of the disease occurred in any of the 136 vessels while they performed their quarantine, nor among any of the passengers sent to the lazaret.

At Madeira, also, and at the Azores, the apprehension of the importation of yellow fever by arrivals from infected ports is the most frequent cause of quarantine.

In the autumn of 1857, the health officers refused to allow the landing of any passengers from the Royal Mail steamers, if any person had been taken on board at Lisbon, where the yellow fever then existed, although the vessel had remained quite free from sickness. The result was, that all the passengers—chiefly invalids, who intended wintering there—were obliged to go to Brazil, and then return to England as best they could.

No regard, at Madeira, is paid to the bills of health of vessels;—the quarantines are ordered, not on account of the bills of health, but according to the classification given to the port of departure by the General Board of Health at Lisbon.

In the ports of Spain, also, the most frequent cause of quarantine is the apprehension of yellow fever being imported. At the large quarantine station at Vigo harbour, the detention imposed on this account has usually varied from seven to fifteen days. The most frequent period has been ten days, irrespective of the length of the voyage, which often extended to between one and two

months, and, occasionally, to eighty or ninety days or upwards. In the majority of instances, no case of sickness had occurred on board.

In the ports of France and of Sardinia, the quarantines on account of yellow fever are much less rigorous than those of Portugal and Spain.

At Marseilles, the detention appears to be from three to seven days, even with vessels with foul bills of health, or coming from places infected with the disease.

At Bordeaux, the system is equally, if not more mild. Recently, in the case of two vessels which had had yellow fever during the voyage, pratique was granted, after measures of purification had been adopted. One vessel, with a foul bill of health, from Lisbon, where yellow fever was present, was quarantined for three days.

At the great naval port of Brest, out of fifteen vessels put in quarantine during the eight years from 1851 to 1859, eleven or twelve were on account of the yellow fever having prevailed, more or less severely, during the voyage from the West Indies, and continued to exist on board upon arrival. The quarantine imposed upon the vessels before they were admitted to free pratique varied from three to thirty-five days, apparently after the landing of the crew and passengers.

In Genoa the quarantine on foul bill arrivals has generally, of late years, been for three or five days. In a few instances it has been from eight to fifteen days.

In Neapolitan ports the quarantine on all arrivals from infected or suspected places has been, of recent years, for ten days, irrespective of the length of the voyage and the healthiness of the vessel. At Malta the detention on arrivals from infected places is for five days.

From the diversity and the discrepancy of the quarantine measures nominally or actually adopted in different parts of the American continent, and in different West India Islands, on account of yellow fever, whether the disease merely exists in the port of departure or has appeared on board of the vessel during the voyage, it is not possible to give an intelligible account of the practice. In some places, as at Carthage, on the Spanish Main, and at the island of St. Thomas, it has been formally abolished of recent years.

At Rio Janeiro, and other ports in Brazil, it seems to be merely nominal. Among the vessels quarantined during the last three or four years, the longest detention was for ninety-six hours, in the case of a vessel from Lisbon, in December, 1857, with a foul bill, in consequence of yellow fever in that city. Generally it did not exceed forty-eight hours, and sometimes it was shorter still. One half of the vessels had foul bills, and they were all from Lisbon, the voyage therefrom ranging from thirty to forty days.

CHOLERA.

Lisbon.—Arrivals from places infected with, or suspected of the cholera, have of recent years been quarantined from five to ten days, although no case of the disease had occurred during a lengthened voyage.

Vigo.—Healthy arrivals from infected or suspected places are usually quarantined for five days before being admitted to pratique.

Teneriffe.—Healthy arrivals from such places are quarantined for three, six, or ten days.

Naples.—In 1859, it was notified that arrivals from Spain, Holland, Belgium, and Prussia, which had any case of cholera during the voyage, should be refused admission, and that all other arrivals from those countries were liable to a rigorous quarantine of ten days.

In September, 1853, the traffic of vessels from Newcastle, which was the seat of a severe outbreak of the disease, was directed to be provisionally suspended.

Turkey.—At Rhodes, a quarantine of five days is imposed, an account of the arrival of the cholera, if no case of the disease has occurred during the voyage, otherwise, the detention is for ten days, and all the passengers must be landed, and the sick be separated from the healthy.

At the Greek island of Syra a quarantine of ten days is imposed on arrival, if there has been any sickness during the voyage.

At Alexandria.—The same as at Rhodes.

Malta.—A quarantine of five days on all arrivals from an infected port, whether the arrivals be healthy or not.

The quarantine imposed on account of cholera in some of the British and Foreign West India Islands, and in other distant colonies, has much exceeded, in length and stringency, the detentive measures resorted to in almost any European port.

At Demerara, in 1851, and again in 1854, arrivals from ports infected with the disease were ordered to be subjected to a quarantine of forty days; and the existing regulations at the Mauritius required that twenty days shall have elapsed since leaving an infected port, or from the date of the last case of cholera or of small-pox on board a vessel, before she is admitted to pratique.

FROM an article in the *Lancet*, commenting on the diminishing income of the College of Surgeons, we make the following noteworthy extract, the perusal of which we commend to our would-be Melbourne medical aristocrats:—"But the most serious blow to the financial prosperity of the College will undoubtedly be the arrangement to which all modern legislation is evidently tending—the adoption of a joint examination on the part of the Colleges of Physicians and Surgeons, with a single diploma for one faculty."

TREATMENT OF RETAINED PLACENTA.

ON THE INTRODUCTION OF THE HAND INTO THE UTERUS, AND THE GENERAL TREATMENT OF RETAINED PLACENTA, PREVIOUS TO THE SIXTH MONTH OF PREGNANCY.

(Read before the Victorian Medical Association, 9th April, 1869, by the President, CORNELIUS STEWART, L.F.P.S.).

GENTLEMEN,—One of the great objects of this Association is to consider points of interest connected with the different branches of the profession, and to exhibit them in their true light by the weight of experience—the best test of the value of any subject.

My object in bringing before you the question of the introduction of the hand into the uterus before the sixth month of pregnancy, is to elicit the opinions of the members of the profession whether it is possible or not. It is a subject brought every day before them, and one in which diversity of opinion exists amongst obstetrical writers, many holding that manual interference in cases of abortion is totally inadmissible, while others, on the contrary, maintain it to be necessary. Few medical men will deny that the treatment of these cases demands a clear and decided line of procedure to insure the safety of the patient.

Amongst the writers who have decided that manual interference is not only unnecessary but hazardous are, Denman, Burns, Dewees, Ingleby, Davis, Meigs, Ramsbotham, and Lee; while Blundell, Churchill, Tyler Smith, and Priestly have advocated, more or less warmly, opposite views. Such being the recorded opinion of the highest authorities, it is no easy matter for the young practitioner to decide which line of treatment he will adopt. We must not forget that our Australian climate modifies the constitution, that the blood becomes thinner, the muscular system more relaxed; and that in women frequently bearing children, the womb is kept in such a state of activity that abortion is more common and more fatal than in Europe. We must therefore be guided to a considerable extent in the treatment of these cases by our local experience.

My principal object in reading this paper is on account of the evidence adduced at a late trial, when an attempt was made to procure a verdict of murder against a medical man, on the assumption that the hand was introduced into the cavity of the uterus at the fourth month for the purpose of emptying it of its contents, and that rupture of its fundus was the result. One medical man, on behalf of the prosecution, made the following statement on oath:—

Question—"Do you know whether it be pos-

sible to pass the hand into the uterus at the fifth month of pregnancy and remove the placenta?"

Answer—"A case has lately occurred with me at the fifth month. The case was that of a woman who was suffering from a bleeding from the womb, and who had been so suffering for more than two months. According to her own calculation, she had last menstruated in the beginning of December, and she aborted on the 28th of May.* She consulted me on the 24th of March, and remained under my observation until the 26th of May, during which time I carefully observed the case, because I was not sure whether it was pregnancy, or whether the bleeding was caused by a tumour in the womb, till after May, when, for the first time, I was able to hear the foetal heart beat,† and then became certain that it was a case of pregnancy. Abortion ensued, and the foetus came away on the 26th of May. Subsequent to the expulsion of the foetus, finding, after the usual time had elapsed, that the placenta was not expelled, the bleeding from the womb was serious, and, therefore, considering it my duty to remove the placenta, I endeavoured to do so in the usual manner, by introducing the hand into the vagina, and thence passing the fingers into the womb; finding that they were not sufficient to command the placenta so as to extract the whole of it, I passed in another finger, and ascertained I could not reach the upper edge. In proceeding, I found, owing to the contraction of the mouth of the womb being so firm, that my fingers were cramped, and I could not use them; but I discovered after a few moments, the mouth of the uterus relaxed, which enabled me to pass my fingers; by degrees, I was able to pass them through the mouth of the womb, and then was able to get my fingers against the upper edge, and was enabled to sweep with my fingers the placenta. My hand was expelled by the natural contraction of the womb."

Question—"How long after the expulsion of the foetus did you proceed to remove the placenta?"

Answer—"Half an hour."

Question—"How long did it occupy you?"

Answer—"Twenty minutes."

Question—"Then, you could pass the hand through the vagina and the os uteri, and bring away the placenta, all in twenty minutes, without injury?"

* From the beginning of December to the latter end of May (26) is not only five months, but within a few days of six. It should also be remembered, that a woman may menstruate once or twice after she becomes pregnant.

† Would it not have been interesting to have learned the whole particulars of the case, the woman's name and residence, as I confess my incredulity respecting this, or, indeed, any medical witness's ability to distinguish the sound of the foetal heart at the fifth month?

Answer—"I did so."

The hand *may*, no doubt, be introduced into the womb at the sixth month, as at this period of utero-gestation the weight of the foetus has increased to sixteen ounces, and is from nine to eleven inches in length. It has, in fact, made great progress in its development from what it was at the fifth month, when it is only six or seven inches in length, and weighs from five to seven ounces. I have here used the words *may be introduced*. About five years ago, I was engaged to attend a lady in Melbourne—who had removed from Dandenong, where I had previously attended her, for retained placenta with flooding, at the fourth month. She had suffered from repeated abortions, in two of which I attended her. In the first I plugged the vagina, and, the following day, the placenta was removed with the plug; in the second, the placenta being loose in the os uteri, it was removed with the finger. On the occasion to which I now refer she had advanced to the seventh month. The labour was natural in so far as the foetus was concerned, and it was born alive. The placenta was retained, and an alarming hæmorrhage followed. I passed my hand along the cord through the os externum into the vagina, and endeavoured cautiously to pass it through the os uteri, to remove the placenta. One or two fingers were introduced within the os uteri, the placenta could be touched, and, to a limited extent, defined; but, after half an hour of persevering effort to introduce the hand, I was unable to accomplish it. As the hæmorrhage still continued, and my patient was pulseless and in imminent danger, I requested the attendance of the late Dr. Turnbull, but in his absence from home, Dr. Robertson arrived. (Dr. Turnbull came shortly afterwards.) Dr. Robertson concurred with me that the placenta ought to be removed. He endeavoured to do so, but failed in his attempt, the funis separated from the placenta, and he gave it up. I again endeavoured to introduce the hand, while Dr. Robertson applied firm pressure on the abdomen to steady the uterus. After half an hour's uninterrupted effort to dilate the os uteri, it was considered advisable to desist. Opium and ergot, at the suggestion of Dr. Turnbull, were given. The placenta was thrown off in thirty-six hours. In the course of my practice, which has been considerable, I have had no similar case, neither have I read nor heard of one from my medical friends.

My conviction previous to this case was, that any medical man who left the placenta in the uterus after the viable period would, if the patient died, be guilty of manslaughter.* From this I learned the important lesson, that no medical man

* If the difficulty was so great in this case, what might be expected at an earlier period?

should too confidently assert that the line of practice laid down in books is absolute, and cannot admit of exception.

(TO BE CONTINUED.)

HYDATIDS.

THE *Archives Generales de Medicine*, for January and February, contains articles on the frequency of hydatids in Iceland. This disease is very common in this colony from eating hydatid mutton, pork, and drinking water from ponds which sheep and dogs frequent, and therefore every thing connected with it is of the greatest interest. In Iceland, Dr. Leared found that one of every five deaths was from this disease. Dr. Finsen, the author of these articles, found that, out of 7539 cases of disease, 280 were suffering from hydatids; and among 56 persons, living in different parts of the country, 18 were affected. There, as in this colony, the liver is the organ most frequently affected—176 times, in 255 cases, the cavity of the abdomen (the origin being uncertain) 54, and the lungs in 7. In this colony, the lungs and the omentum stand next in frequency of liability to the liver. This may be accounted for in two ways—either from their becoming implicated when the upper part of the liver is affected, or from the animal being deposited in them either primarily or secondarily. The gastro-hepatic omentum seems to be the part most liable in the abdomen; but it is often extremely difficult to determine whence the cyst has originated until after death.

In the case of a person of the name of Brown, brother to a stonemason living at Carlton, the cyst presented all the appearance of ascites, and when tapped, eleven quarts of fluid were drawn off. The history of the case seemed to point to the under part of the left lobe of the liver as the place where it originated, but, after death, a cyst not larger than the fist was found in the lower part of the right lobe.

Finsen observes that, in nearly all the cases, he found only one tumour, and that it was rare to find hydatids in the lungs.

He has drawn up a long list of the symptoms which may be experienced during the growth of the cysts; but, in this colony there is a frequent absence of symptoms—the person suffering but little in health.

When the cyst is situated in the lungs, and near the large bronchial tubes, there may be cough of a spasmodic nature, and generally, unless it is accompanied with some alteration in the bronchial tubes, or the substance of the lung in its vicinity, there is no expectation; when situated in the liver, jaundice ensues, if the large biliary ducts are pressed on; when pressing on the stomach,

some interference with digestion; and when on the intestines, more or less obstruction. The presence of a smooth, oval, elastic tumour is often the only sign, and there may be but little pain. There is, however, a symptom which I have noticed in the course of watching a large number of cases, and when met with, it may be considered as diagnostic that the tumour is hydatid.

If the patient is kept for some time without drink, and caused to walk a considerable distance, but not so fast or so far as to cause pain or uneasiness. If the tumour is then measured, it will generally be found somewhat smaller. If he be then placed in a warm bath, the cyst will be found in the course of fifteen or twenty minutes (the more superficial it is the quicker) to enlarge, and it may even attain a considerable size. It is owing to the tendency that the hydatids have to absorb moisture, that patients complain, in this country, in damp weather, of fullness of the cyst, and it then evidently increases in size. If the hydatid is dead, there will be little or no alteration.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

COTTAGE HOSPITALS.

To the Editor of the *Australian Medical Gazette*.

SIR,—I am happy to perceive, from an article which appeared in the *Medical Gazette* of the 30th March, that at last the value of detached, or cottage hospitals is being appreciated. Upwards of thirty years ago I was so convinced of the advantages derivable from such a system, that I frequently urged its adoption, especially for lunatic asylums.

My attention was first drawn to the subject by finding a patient of mine in a small building in one of the yards of a private lunatic asylum at Hoxton, London, to which she had been removed from her room in the main building, owing to repairs then in progress. An apology was offered for my patient having been removed, but she seemed so comfortable in her temporary residence, that I remarked there was no apology required, for I thought it a pity there were not many separate places of the same kind.

From that time I used frequently to express my conviction that the plan of separate cottages or buildings would possess many advantages; and on one occasion in particular, when in conversation with the late Dr. Allen, of High Beach, he told me he fully agreed with me, and that if I would

pay his asylum a visit, I would find that to a certain extent he had adopted it.

Soon after my appointment as Surgeon Superintendent of the Yarra Bend Lunatic Asylum, I proposed that the cottage system should be tried. I met with much opposition, but at last succeeded, and got several cottages provided. They answered well, and gave great satisfaction; after which others were erected, but on an unsuitable site and of very bad materials.

The Chief Medical Officer endeavoured to claim being the originator of the plan, but was defeated, the late Mr. Don, M.L.A., and Mr. Parker, my son-in-law, having given me a drawing of a cottage, which was forwarded to Government long before I knew that Dr. Mc'Crea was in existence. Perhaps, being frustrated in his attempt, he returned to the "old school" system of wards and continuous buildings; selecting buildings and a site which were so unfit as to make Mr. Wardell say "the whole thing is a blunder."

The following letter addressed to the Chief Medical Officer will explain my opinions regarding the cottage hospitals.

I am, Sir, your obedient servant,

ROBERT BOWIE, M.R.C.S.

Northcote-road, Fitzroy, May 5, 1869.

"To the Chief Medical Officer.

"September 16, 1857.

"SIR,—According to the promise given to yourself and Dr. Eades, on the 12th inst.,—

"1. I do myself the honour to forward to you an outline of the plan of detached cottages for insane patients, which I would carry out had I personally the means to do so. As to style and many details, I would leave such to the more practical judgment of those professionally acquainted with architectural arrangements.

"2. I may premise, I have long felt persuaded that, to effect a better separation and classification of the insane than that commonly obtained, would prove of great service to the afflicted; and that a lunatic asylum with detached buildings would be preferable to one with the buildings closely attached, as such separation and classification could then be more easily effected. In this opinion I now find I am borne out by several eminent medical men in Europe.

"3. For patients affected with acute mania, quiet and seclusion are generally of the greatest advantage, while those affected with a sub-acute form are often found to benefit from being allowed to mix with patients of different grades of insanity.

"4. It is therefore necessary to endeavour at once to classify patients, that the benefits arising from seclusion or society may be rendered available.

"5. Insanity presents so many aspects, and its various forms so readily merge into each other, that it is incumbent on the medical attendant to attentively study every case, and regulate the treatment accordingly. Hence the necessity of the history or state of the patient prior to admission being sent with him to those under whose care he is to be placed.

"6. To carry into effect the separation and classification thus deemed most beneficial to the insane, I conceive that an addition should be made to the present establishment of detached cottages, enclosing an area of from two to four acres, ornamented with flowers, shrubs, and trees, and having arbours, seats, and plots assigned for various games, to which patients from other parts of the building could be admitted when they had so far recovered as to need but little control.

"7. The cottages might be either single or semi-detached; each bedroom not less than 10ft by 8ft, or 8ft square, and at least 12ft in height; each sittingroom 12ft square; and ventilation ought to be fully provided for in each apartment.

"8. The arrangement might be—

FOR MALES.

| | | |
|--|-----|------|
| 4 single cottages containing one inmate each ... | ... | 4 |
| 2 semi-detached cottages containing four inmates each ... | ... | 8 |
| 6 semi-detached cottages containing eight inmates each ... | ... | 48 |
| | | — 60 |

FOR FEMALES.

| | | |
|--|-----|------|
| 4 single cottages containing one inmate each ... | ... | 4 |
| 3 semi-detached cottages containing two inmates each ... | ... | 6 |
| 5 semi-detached cottages containing six inmates each ... | ... | 30 |
| | | — 40 |

Total... 100

Cottages intended for eight patients might have a foot or two added to the sittingrooms.

"9. Each cottage should have a back room for an attendant, and a closet behind it, having a box or trough, open to the air, for the convenience of the patient, and to be removed each day and its contents buried. The passage to the closet ought to be through the attendant's room, to prevent escapes.

"10. In the enclosed land I would suggest having a large room for music, dancing, &c., with some small side rooms for quiet recreations, such as reading, female fancy-work, conversation, &c.

"11. At the extremity of this building, baths—cold, hot, vapour, or medicated—might be constructed.

"12. I hope soon to be able to forward a sketch of the plan I would respectfully recommend as, in my belief, best adapted for the important and humane object so desirable to be attained.

"13. With the sketch of the plan will be forwarded a few more explanatory remarks. What I have now suggested may form a nucleus for something better. I have, &c.,

(Signed) "ROBERT BOWIE,
"Surgeon-Superintendent Yarra Bend
Lunatic Asylum."

Medical News.

A MOVEMENT has been organised to defray the law expenses incurred by Dr. Barker in defending the late action of *Donaldson v. Barker*.

Snake-bite.—Additional testimony to the great value of brandy and ammonia in the treatment of snake poisoning is supplied by the *Creswick Advertiser*, from which we obtain the following particulars:—A little girl named Pritchard, aged four years, was bitten in the hand by a small snake. Shortly afterwards she exhibited unmistakably the usual symptoms of snake poisoning. Small doses of brandy and ammonia were administered without delay, and although the girl was previously in a comatose state, she quickly rallied under the above treatment.

CONSIDERABLE comment and surprise have been occasioned at the seemingly unaccountable rejection by Dr. Halford of Mr. Rees for the degree of M.D., especially after the very fulsome testimonial given to his "quondam" pupil by the amiable "Professor." The arbitrary conduct of the professorial board in refusing Mr. Rees redress has not tended to raise these well-paid officials in public estimation.

THE managing committee of the Benevolent Asylum, apparently led on by another University Professor, have recently come into collision with the honorary medical staff of that institution. The medical staff having made certain recommendations for the better protection of the inmates during the recent epidemic of small-pox, their advice was coolly ignored for some two or three weeks. Having been left out in the cold sufficiently long, the medical staff was at length invited to discuss a purely medical question with the highly intelligent body of laymen composing the committee of management, under the guidance of Professor Wilson. This the medical staff very properly refused to do.

THE Pontypridd Board of Guardians have decided to pay a uniform fee of half-a-crown for each case of vaccination performed by their medical officers.—*Lancet*.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: SATURDAY, MAY 15, 1869.

THE proposal to erect a new general hospital in commemoration of the visit of the Duke of Edinburgh, in the vicinity of the St. Kilda Road, affords a convenient opportunity for inquiring into our present hospital accommodation, and its sufficiency or otherwise. Such an inquiry should necessarily be regarded in a twofold point of view, as it affects the interest of the public and the medical profession, to ignore either of which would be not less impolitic than unjust. The public are deeply interested in seeing that our hospital accommodation is sufficient for all reasonable requirements, but nothing more. Policy, good feeling, and an enlightened humanity alike demand this much; but all provision in excess of the hospital accommodation required for those persons who have no homes, or who, having homes, are unable to provide for their medical treatment therein during sickness, and residing within the geographical limits of the metropolis, is, disguise it as we may, little short of a fraud on public charity, as well as a premium and temptation to the reckless and improvident, and, we are sorry to add, an encouragement to the many well-to-do persons who are so degraded and mean, as to impose on public charity by obtaining board and lodging, as well as medicine and medical attendance, without payment. It is more than probable that, were our present hospital accommodation restricted to its legitimate purposes, it would be ample for years to come. Perhaps had the money spent on the new wing of the Melbourne Hospital been employed in founding a new institution, at a convenient distance from the centre of the city, it would have been more judicious, as well as advantageous, to the public interest. Such a measure would have recommended itself by its anti-monopolising and decentralizing tendency, and would therefore, no doubt, be obnoxious to the narrow selfishness too frequently evinced by certain members of the present hospital medical staff, some of whom, apparently, regard that institution almost in the light of their private property. The erection of another hospital, instead of adding the new

wing to the present institution, would have been attended with little or no additional expense—would have left more space available for the free circulation of air and light, as well as recreation ground for the patients—all matters of prime importance to the recovery and well-being of the sick.

On the other hand, the building of a new general hospital at the present time is attended by some disadvantages as well as advantages. In the first place, it means increased expense to the public, and also the gratuitous bestowal of much valuable time and attention by the members of the medical profession, a body of men overworked and underpaid, who already make more sacrifices in the cause of charity than any other profession or body of men in the colony; we seriously believe, if gratuitous medical services be pushed much further than is the case at present, what with the hospital, the benevolent asylum, the lying-in hospital, the charitable dispensaries, as well as the present extended system of friendly society practice, which, from the wretched rate of remuneration paid, may be regarded as a semi-charitable institution, medical men will soon either cease to exist, save as objects of charity themselves, or the members of the profession will, in self-defence, have to turn their energies to some less arduous and more remunerative mode of life. One great objection to the founding of a new hospital of any description, at the present, or indeed, at any time, except when imperatively demanded by public necessity, consists in the fact, that the undue multiplication of medical charities fosters pauperism, destroys all manly self-reliance, is demoralizing to the public, and a fraud upon the medical profession. Should it, however, upon mature consideration, be deemed advisable to erect a new hospital, let it, by all means, be a separate independent institution, and not a mere excrescence, grafted upon the already overgrown establishment in Lonsdale-street. We fully concur in the language of Mr. Blair, secretary to the Alfred Hospital movement, the interests of which he has espoused with vigour and success, when he states that, to establish a convalescent institution in connection with the present Melbourne Hospital, would be to found "a grand loafing institution, a new benevolent asylum for the malingering and the sluggard." A new hospital would, at all events, afford the public a choice of institutions, and could hardly fail, by evoking a spirit of

generous rivalry, to react favourably on the management and staff of the present hospital; it would also diffuse amongst the profession, and, therefore, render more available to the public, the advantages resulting from large hospital experience. Another important consideration not to be lost sight of in founding a new institution, is the great success and popularity achieved of late years in England by the cottage hospitals, which are springing up all over the country. These institutions are easily and cheaply managed. They, moreover, bring the required aid nearer to the persons for whose benefit they are established; efficient drainage and ventilation are easily obtained; the danger of infection and contagion are greatly diminished, if not wholly avoided.

The opinions recently promulgated by Sir James Simpson on the construction of hospitals—no mean authority on such a subject—foreshadowing, most likely, a revolution in the construction of these institutions, warn us to pause before incurring a large expenditure of public funds.

In conclusion, we beg to draw the attention of our readers to the following extract from an admirable article in a late number of the *Lancet*, commenting upon an exhaustive and well considered statement in the *London Times*, which exposes in a masterly manner the abuses and rottenness of the hospital system in London, dwelling particularly on the evils resulting from the excessive and indiscriminate multiplication of medical charities, its encouragement to pauperism, and injurious effect upon medical science:—

"It was fitting that the leading journal should devote attention to this matter, and that the public should learn the practical lesson that money subscribed to an hospital is not always money well applied. The enormous increase of gratuitous medical assistance which has taken place during the last few years, and still proceeds, is threatening, unless it be checked, to bring about a millennium which will be signalized by starving doctors contesting for the privilege of attending pauperised patients. Already it is computed that upwards of 1,800,000 persons, or about four-sevenths of the whole London population, received gratuitous attendance from medical institutions in the course of a single year. The interest of this subject to the public lies in the fact that *the unintelligent distribution of funds for the relief of sickness is constantly tend-*

ing to the increase of pauperism, to the encouragement of pretence and charlatany on the part of the adventurous, and to the destruction of medical science. The interest to members of the profession is more simple. It concerns their actual existence upon the face of the earth."

NOTES ON CARBOLIC ACID.—Carbolic acid, or more correctly phenic alcohol, for the introduction of which into medical practice the profession is chiefly indebted to Professor Lister, of Glasgow, is being recommended for the treatment of a great variety of diseases. From the Mauritius, Drs. Barraut and Tassier report that they have successfully used carbolic acid in the treatment of the malarious fever of that country, prescribing it in the dose of one grain of the pure medicinal acid in an ounce of water, with a little brandy or bitter infusion, three times a day. They have also applied it hypodermically, administering from twelve to thirty minims of a solution of sixty-four grains of the pure acid in four ounces of water. Of course both the internal and external use of so powerful and corrosive an agent as carbolic acid requires caution, as some unpleasant and even fatal cases have already resulted from its accidental administration. Internally, carbolic acid is said to act as a diaphoretic, vascular sedative, a promoter of the secretions, and an improver of the appetite; its external action, in a dilute state, is stimulant, antiseptic, anodyne, antiphlogistic, and antiseptic; in its pure state it is irritant, corrosive, and caustic, as well as disinfectant and deodorant. Dr. Keith, in a communication to the *Lancet*, speaks very favourably of its use in the treatment of fever, scarlatina, measles, and small-pox. The following is his formula for administering it in these diseases:—

R Acidii Carbolicum Pur
 „ Acetici aa 3j ad 3jss
 Tr. Opii 3j
 Æther Chlorici 3j
 Aquæ ad 3viii. Misce

fiat mistura cujus capiat cochleare amplum quarta quaque hora.

Carbolic oil, a favourite application to wounds, ulcers, etc., in the London hospitals, is made by incorporating one part of carbolic acid with from four to ten parts of boiled linseed oil, the weaker preparation being in most frequent use. Aqueous solutions, consisting of one part of carbolic acid in from twenty to forty parts of water, are much used as detergent and stimulating washes. Dr. Kempster, of the United States, reports having used carbolic acid successfully as a vermifuge; he directs two grains of the medicinal acid to be dissolved in an ounce of water, the dose of which

is one drachm; he also administers a drachm of this solution in four ounces of water as an enema for ascarides.

SMALL-POX.—Two fresh cases of this disease occurred on 27th April, at Vale-street, St. Kilda, in the persons of two boys, sons of the late Dr. Berndt. Drs. Van Hemert and Arnold who were consulted, pronounced the disease to be small-pox, but Dr. M'Crea, the chief medical officer, disagreed with those gentlemen, stating that it is simple chicken-pox. It is to be regretted that medical men do not publish the history and symptoms of all disputed cases of this disease, in order to protect themselves from an implied charge of incompetence, as such a course would most likely, in the vast majority of cases, prevent all cavil, by enabling their professional brethren to form an intelligent opinion on the merits of each case. We learn from the *Tararongoway Times* that an undoubted case of small-pox had occurred, on the 6th May, at Bradford Creek, Maldon. The medical attendant, Dr. O'Neil, is as yet unable to determine positively whether the case is small-pox or not, although he says it is very like it. The patient, a lad named Tyrrell, aged seven years, had been vaccinated in infancy. A lady who had previously resided in an infected neighbourhood in Melbourne, was recently visiting at Tyrrell's residence.

Medical Annotations.

THE TREATMENT OF ASTHMA BY BELLADONNA.

BY HYDE SALTER, M.D., F.R.S.,

Fellow of the Royal College of Physicians, Senior Physician to Charing-Cross Hospital.

I do not know any sedative that has more "improved its position" of late years than belladonna. It is certainly given much more extensively, and is much better thought of, than it was twenty years ago. And I think the one is the result of the other; it is better thought of, *because* it is more extensively given. There are cycles of therapeutics as well as cycles of disease; and many valuable remedies pass into a temporary desuetude by a common neglect, and then, from some accident, emerge into repute and usefulness. And this is not only true with regard to the medical world in general; it is equally so with regard to the practice of individuals. We are all of us apt to get into a groove in prescribing; and not only get into the habit of employing certain remedies, but get *out* of the habit of employing others. I must confess to this fault myself, and feel at a loss to explain on other grounds how it was I went on so long without giving belladonna a fair and thorough trial in asthma. For the last two years,

however, I have used it extensively, and am so satisfied with the results, that I think it worth while to publish a few of my cases, in illustration of its value and of my method of employing it.

If I were to express what appears to me to be the peculiar excellence of belladonna as a sedative in asthma, I should say it consisted in its power of diminishing reflex irritability—a power which it appears to me to possess in a degree greater, in proportion to its other sedative effects, than any other sedative.

My method of giving it will be best seen in the following cases. I do not know that the tincture has any advantage over other preparations, only it happens to be that which I have tried. I should think that the liquor atropiæ might, from its uniformity of strength, be even preferable.

[Dr. Salter gives the particulars of several cases, in which he used belladonna with eminent success in the treatment of asthma; and one instance where atropia in the sixtieth gradually increased to a fortieth of a grain was prescribed with equally good results, from which we select the following case as a good illustration of the value of belladonna, and the mode of using it, in this frequently intractable complaint:—]

“Sarah P—, aged forty-six, has had asthma ever since she was nineteen years of age—that is, for twenty-seven years. For the last five months she has been worse than ever, and for some time past has had asthma regularly every night. It begins between two and three o'clock, and after that she gets no rest. I ordered her to take the tincture of belladonna every night on going to bed—to begin at ten minims, and gradually to increase the dose till her head and sight became affected. She came to me on the 29th of last July. On the 14th of August I find the following entry in my note-book:—‘This patient came to me a fortnight ago yesterday. She has almost completely lost her symptoms ever since, having had uninterrupted good nights. She has gradually reached thirty drops of the tincture of belladonna, and now takes it every night. She looks wonderfully better, and is able to take long walks.’ From that time I have not heard anything of her.”

I believe one reason why belladonna has not had a greater reputation as a remedy for asthma is, that it has not been given in large enough doses. I think that, like lobelia, it must be given in doses sufficiently large to produce its physiological effects, otherwise we have no right to say that it has been fairly tried, or to conclude that it has been a failure if it has not achieved a cure. I think to give ten minims three times a day in some mixture is simply worthless. I have now seen numberless cases in which both belladonna and lobelia have been consigned to the limbo of failures,

when a fresh trial of them, on the plan of gradually increasing the doses till an ultimatum has been reached, has proved them to be perfectly successful remedies. Sometimes, but very rarely, belladonna will relieve asthma when given short of a physiological dose; sometimes, but still rarely, it fails to give any relief, even when pushed to its full physiological effects; the common thing is for it to fail till so pushed, and then to succeed. When I find belladonna has only been taken in the ordinary small doses, without any increment, I always regard it as not having been tried at all.

The advantages of administering it in the way I have described are:—

1. That, giving it at night, you bring the full force of the drug to bear upon the disease at the time at which it is most liable to come on, and thus, if you are successful, tide your patient over the critical time.

2. By gradually feeling your way up to the required dose, you are able ultimately to reach, without fear, a dose which you would be unwilling to prescribe without such a tentative approach.

3. In those cases in which the therapeutical dose is reached before the physiological—that is in which the asthma yields before the sight or head is appreciably affected—it enables you to stop short as soon as relief is obtained, and thus spare your patient any of the disagreeable effects of the drug.

4. By giving it only once in the twenty-four hours, you are able to give a larger dose than you would be able to do if oftener repeated.

5. By confining the dose to bed-time, the patient's days are, in spite of a large dose, passed in comfort; for, as the morning advances, the dulness of head, confusion of sight, and drought of mouth, pass away.

6. You are thus enabled to find out what is the dose for the individual—a very important point. People differ very much in their tolerance of belladonna. Some of my patients have been unable to take more than twenty minims once in the twenty-four hours without very unpleasant symptoms; while I have known others able to take a drachm three times in the same interval without any inconvenience. And as they differ in their tolerance of the drug, so do they differ in the dose at which their asthma will yield. The only way to ascertain what that dose is, is to make each case a separate experiment, and this can only be done in the way I describe.

7. By giving the remedy three or four hours before the attack is likely to come on, the treatment becomes *prophylactic*. If by taking a dose every night for thirty nights the attacks have been for that time prevented, the patient has ceased to be an asthmatic for a month. This is a very different thing from having had thirty attacks in

the same time which have been cut short by the remedy. In all "habitual" diseases, in which the recurrence keeps up the tendency, prophylactic treatment has, in relation to final cure, a pre-eminence it does not possess in diseases in which habit has no place. For such diseases it is the treatment. It does more than spare your patient an attack of his malady; it breaks, *pro tanto*, that chain of sequences which is the very life of the morbid tendency.—*Lancet*.

THE LANCET ON PROFESSOR HALFORD'S TREATMENT OF SNAKE-BITES.

WITHOUT wishing to throw discredit upon Dr. Halford's discovery, we certainly require, as we said last week, a great many additional facts before we can pronounce a decided opinion on the merits of ammonia as an antidote. In one of the cases the snake was so injured as to appear dead when the patient was bitten by it, and he had been subjected to galvanism before the injection of ammonia was performed. We should likewise be glad to ascertain exactly what kind of snake it was, and whether snakes in Australia are as poisonous as the cobra and others in India and elsewhere. The man who was bitten by a cobra in the Zoological gardens some time ago, if we remember aright, died about an hour afterwards. Any remedy would, therefore, require to act energetically and speedily, and we venture to think, with Dr. Halford, that its injection into the circulation is the speediest and most direct way of proceeding, although *the practice is not unattended with danger*.

MEDICAL "EXPERTS" AND CRIME.

AN extraordinary case of judicial error has just been brought to light by an appeal before the Imperial Court of Nancy. Last November, a girl, twenty-two years of age, named Adèle Bernard, was brought to trial on a charge of infanticide. The prosecution alleged that in October, 1868, she clandestinely gave birth to a child and threw it into a pigsty, where it was eaten. This allegation was confirmed by her own confession both before the examining magistrate and in open court. Moreover, a midwife and a parochial surgeon certified that, immediately after her arrest, they found *traces of recent delivery*. On this evidence, the Correctional Tribunal sentenced her to six months' imprisonment for the concealment of the birth of a child who was not proved to have been born alive. She went to prison accordingly, and about a month later, in December, she was delivered of a fine healthy child, perfectly formed. The time allowed for her appeal against a sentence which circumstances appeared to show was manifestly unjustifiable had then expired, but the

public prosecutor lodged an appeal on her behalf. When interrogated by the President of the Appeal Court, she said she had been induced to make a false confession by her mother and the midwife, who impressed on her that if she told the truth she would get off easily, whereas, if she persisted in denying the accusation, she would certainly be condemned to fifteen or twenty years' imprisonment with hard labour. Some medical evidence was produced before the Court of Appeal to show the bare possibility of a superfetation. But the Court rejected this hypothesis, held that she had been *impelled by intimidation* to make a confession for which there was no foundation, and reversed the verdict against her. This case reminds one of the painful affair of Madame Doize, an innocent woman, who was driven to confess herself guilty of murder in order to be released from the torture of solitary confinement. The *Droit* improves the occasion to urge the necessity of courts of law taking more care than they habitually do in the choice of their experts, who too often *certify blindly whatever they think is expected of them*.—*Medical Times and Gazette*.

[The chief features of the above case bear a strong resemblance to the circumstances attending the recent investigation at Emerald Hill, on which we commented in a previous number.]

THE REPUTED CURE OF SNAKE-BITE.

THE very gravest doubts have been thrown upon the asserted efficacy of the "ammonia" treatment of snake-bite, by Dr. Fayrer, the Professor of Surgery in the Medical College of Bengal. This gentleman has recently injected into the veins of a dog bitten in the thigh by a fresh, full-grown, speckled cobra, a solution of strong ammonia, as directed by Professor Halford; in addition, he exhibited another dose by the mouth. In forty-four minutes and fifteen seconds the dog died. Similar results were obtained with pigeons. Dr. Fayrer says that death is rather later than usual in those cases in which ammonia is given, perhaps; but the benefit of the drug is very small, though further experiments may show that, given in larger and freer doses, it may be of service. Dr. Fayrer has performed the exact experiment which we wished,—that is to say, he has applied the antidote to the case of the bite by a known and highly poisonous snake. There were doubts in Professor Halford's cases as to the exact degree of venomous power of the snakes which had bitten his patients. A fair bite from a fresh cobra is known to entail certain death, and the possession of the power on the part of a remedy to prevent evil consequences is at once the best proof of its antidotal qualities. Dr. Fayrer has likewise experimented with the antidote in the possession of

a servant of Colonel Showers, to which we recently referred, and [finds that it is utterly useless—*Lancet*.

[The perusal of the above extract will doubtless be instructive to, as well as have the effect of rendering sadder but wiser, "those persons who had the foolish temerity" to sneer at their medical brethren who, at the risk of obloquy and persistent misrepresentation, had the moral courage to question both the efficacy and the safety of Dr. Halford's method of treating snake-poisoning by the injection of ammonia into the veins.]

THE TENT SYSTEM IN GERMAN HOSPITALS.

TENTS and marquees have always been in use in time of war for the wounded; but recently they have been added to some existing hospitals in Germany, to accommodate patients who had undergone grave operations. Frankfort-on-the-Maine was one of the towns where a tent was first temporarily used. A wooden structure, covered with canvas, and provided with ridge ventilation, is found in the garden of the Berlin Charité Hospital, being also a recent addition; it receives more than twenty patients. In Dresden, tents were used during the late epidemic of hospital gangrene. It is scarcely a year since two such structures were added to the Hamburg General Hospital, of which we may be allowed to give a description. The hospital is large, contains usually 1200 patients, and is built in horseshoe form on the corridor plan. The large space between the two receding wings contains the wash-house, *post-mortem* rooms, and also the tents—one on the male, the other on the female, side of the hospital. The tent for males stands in an enclosure; it is of strong canvas, nearly 40 feet long, about 18 feet wide, and 17 or 18 feet high at the ridge. The floor is of asphalt, sloping a little to the centre from both sides to facilitate drainage. The principal entrance is under an awning. The windows are apertures, which are not closed, but may be closed by canvas. They are about 3 feet square and on each long side.

There are thirteen bedsteads, one being for the male attendant, who is always in the tent. They are of wood, and contain a pailasse, and a woollen mattress wrapped in blankets. There are hand-grasps suspended from the framework. No curtains are found. The bedframe has oilcloth drawn over its top, so that a protection from the wet is formed in addition to the canvas. In hot weather the flies annoy the patients a little.

The tent may be lighted by gas: there is no means of warming, as it is only used from May to October. In addition to the windows, the ventilation is by a ridge the whole length of the top of

the tent. This was an addition, and not part of the original structure. Hot and cold water are laid on, and supply a lavatory in the corner, as also a bath. A hose may be brought into connection with them to wash the canvas and produce a cool atmosphere. Side tables are placed for each bed, and a water-closet stands in a corner.

The structure for the women is of wood, similarly arranged, but for six patients only. There is also a ridge for ventilation at the top, and open spaces in the place of windows, which, however, the patients request more frequently to be closed than the men do.

So far as present experience goes, the surgeons are more satisfied with the results of operations treated in the tents than with those in the wards.

—*Medical Times and Gazette*.

THE DUST OF CITIES.

A MICROSCOPICAL examination of the dust of our cities has been recently made by Mr. Dancer, F.R.A.S., and the results obtained by him are not of a very gratifying character. Mr. Dancer found an abundance of organic matter in all the specimens he examined. At the height of about five feet there was evidence of considerable "molecular activity" in the shape of animal life, besides vegetable matters, much of which consists of what has passed through the stomachs of animals, or has undergone some form of decomposition or other. Professor Tyndall also, in a lecture which he recently delivered at the Royal Institution, "On the Chemical Rays and the Light of the Sky," says: "Wishing, two or three months ago, to render visible what occurred within these tubes on the entrance of the gases or vapours, I found it necessary to intensely illuminate their interiors. The source of illumination chosen was the electric light, the beam of which, conveyed by a suitable lens, was sent along the axis of the tube. The dirt and filth in which we habitually live were strikingly revealed by this method of illumination. For, wash our tube as we might with water, alcohol, acid, or alkali until its appearance in ordinary daylight was that of absolute purity, the delusive character of this appearance was in most cases revealed by the electric beam. In fact, in air so dirty as that which supplies our lungs—and I will not say that we could get on healthily without the 'dirt,'—it is not possible to be more than approximately cleanly."—*Lancet*.

MISS GARRETT, L.S.A.—This lady is not content with being the solitary female licentiate of the Apothecaries' Company, but has, after great effort, induced the faculty of medicine of Paris to admit her to the examination for the degree of M.D.

Miss Garret, no less than the American lady to whose case we referred on a former occasion, has, we believe, been mainly indebted to the good offices of M. Duruy, the Minister of Public Instruction, for this concession, and has, during the last week, taken the first of the six steps necessary for attaining the degree of M.D. This examination is in anatomy and physiology, and includes the preparation of a dissection by the candidate. In Miss Garrett's case, the dissection of the muscles acting on the lower jaw were the allotted portion; and, having accomplished this task, the *visd voce* examination was held in public by M. Broca and his colleagues.—*Lancet*.

SULPHUR IN THE TREATMENT OF CROUP.—The use of the perchloride of iron and of the bromide of potassium has been much advocated of late in the treatment of croup and diphtheritic angina. The flour of sulphur, which had already been pointed out by different writers as an excellent remedy in similar cases, is now spoken of in most laudatory terms by a French writer, Dr. Feyreigne, of Toulouse, in whose hands it produced most wonderful effects. Dr. Feyreigne only records one case, but it was a peculiarly bad one. The patient, a little girl of four years, was in a dying condition, with intense diphtheritic angina, when the administration of the flour of sulphur brought her back to life. The dose employed was five grammes of sublimated sulphur to one glass of water; a teaspoonful of the mixture to be given every hour.—*Lancet*.

CRANIOTOMY VERSUS THE CÆSAREAN SECTION.—The following passage, taken from the reply of Dr. Barnes to Dr. Radford, embodying one of the noblest maxims of British midwifery, deserves to be recorded in letters of gold:—"I adhere to the principle that the mother's life *must* be preferred to that of her unborn offspring. I do so out of no sentimentalism, but because I think that preference is dictated alike by science and by conscience. There is no conflict between them. Perhaps the grandest thing ever said or done by Napoleon was the dictum ascribed to him when he was asked to decide in the case of his wife: 'Save the mother—it is her right!' It is not always that Conscience triumphs over Ambition."—*Medical Times and Gazette*.

MARRIAGE AND LEPROSY.—A leprous husband prayed before the Bombay High Court for the restitution of conjugal rights, which, it seems, his wife had withheld on the ground that he might infect her. Legal formalities apart, the wife's objection to a great extent was medically invalid, so far as she herself was concerned. As regards her offspring, however, the case was different. A leper seldom infects a partner in the exercise of conjugal rights; this is an ascertained fact. Their

progeny are very liable to suffer, though this is not necessarily the case. The decision in favour of the plaintiff is of peculiar interest in Bengal, where every hundredth man or woman is a leper, and where the disease is steadily on the increase.—*Lancet*.

TREATMENT OF CATARACT BY PHOSPHORUS.—M. Taignot, a well-known and much-esteemed Parisian oculist, has lately published, in the *France Médicale*, a series of cases which would go far to prove that frictions on the forehead with phosphorated oil, and instillations of the same into the eye, may contribute to the melting away of the hardened lens or capsule, and the restoration of sight, without the usual operation. These cases are worthy of attention, and should be read by all those who take an interest in ophthalmology.—*Lancet*.

SMALL-POX STATISTICS.—According to a statement published in the *Lancet*, the number of patients admitted into the London Small-pox Hospital during 1868 was 1026: of these 113, or 11 per cent., died. The mortality amongst the unvaccinated was 34 per cent., whereas it was only 6.5 per cent. amongst those protected by previous vaccination.

DR. DAVIDSON reports a case of dislocation of the lower jaw in an old lady, by laughing. The dislocation was reduced, however, in three weeks after the accident happened.—*Medical Times*.

ERRATA.

PAGE 79, second column, 3rd line from bottom, for "on instruments," read "an instrument."

PAGE 80, first column, 27th line from bottom, for "is," read "are."

PAGE 81, second column, last line, for "Vice-President," read "two Vice-Presidents."

PAGE 82, first column, 23rd line from top, for "Victorian" read "Australian."

PAGE 87, second column, 18th line from top, for "commutative," read "commutated."

Notice to Correspondents.

A LETTER has been received from Dr. Stewart (too late for insertion), regarding a statement made by Mr. Candler, the District Coroner, at the late inquest at Richmond, which will appear in our next.

"SURGEON'S" letter has been received.

COMMUNICATIONS for the *Gazette* are requested to be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND CO., 72 Little Collins-street East, Melbourne.

Marriage.

STARKE—MATTINGLEY.—On the 1st. inst., at St. Mary's Church, Hotham, by the Rev. Robert Potter, Hayden Starke, M.D., M.R.C.S., England, surgeon of the district hospital, Creswick, to Bessie, youngest daughter of John Thomas Mattingley, Esq., Hotham.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 90).

WHEN I first offered the extracts from Dr. Milroy's report on Quarantine for insertion in your *Gazette*, I mentioned that my motive for so doing was that I thought they might prove useful as references on any point that might be doubtful or disputed.

Should you think what has been furnished of sufficient importance, I shall continue to forward a few more of them, as much abbreviated as possible; after which the evidence I have collected myself on various occasions from practical well-informed commanders of ships, will be given.

For my own part, fortified by what I have seen and heard, of the results of quarantine in this colony, and in the home country, I frankly confess that I place no reliance on it for preventing the introduction of epidemics; and that it is only in contagious diseases—such as small-pox, measles, scarlatina—that it ought to be at all trusted to. And here I would ask, which of these diseases has it prevented from coming among us? Not one of them, I am certain.

That an epidemic may be arrested or shorn of its malignity, I have witnessed in cholera and fever, but it was not by the restrictions of extreme quarantine. It was not by shutting up inhabitants of infected towns, villages, or hamlets, or by *cordons sanitaires* drawn around them. It was by improving the condition of the endangered, encouraging them to use every exertion to secure their own safety, and to render assistance to those who were suffering around them.

The following extract from the first report of the Metropolitan Sanitary Commission, is well worthy the attention of the conservators of the public health:—

"In our opinion there is but one safeguard against this malady (cholera), as against other diseases of the same class. That safeguard consists in sanitary arrangements; and sanitary arrangements, to be efficient, must be such as will secure the purity of the atmosphere—particularly by the immediate and complete removal of all filth and refuse—and that, not only from the principal squares and thoroughfares, but also from the streets, courts, and alleys of the lowest portion of the population. But this requires a general and proper system of street and house drainage, and a supply of water sufficient for keeping the drains and sewers clean, for surface drainage, cleaning,

and for domestic use. Were the arrangements and administration for cleansing complete, we might still not be able to obtain an absolute exemption from the visitation of cholera; but we should have done what ought and must be done to deprive it," [and, I would add, all other diseases of the kind, should they come,] "of the means of support and strength."

In that opinion I most heartily concur, having witnessed many instances of its being correct; according to the extent to which the measures recommended were carried into effect.

In an epidemic constitution of the atmosphere, such abominations as the kennel or open sewer in Swanston or Elizabeth-street would be, in my opinion, highly dangerous, and likely to excite any disease of a zymotic character. They have long been a disgrace to the city. Years ago I endeavoured to direct the attention of Government to the one in Swanston-street, and received a reply to the effect that my recommendation had been forwarded to the proper authority—or quarter.

ROBERT BOWIE.

In 1858 the municipal authorities of Corfu wished the Governor to impose a twenty-five days quarantine upon all arrivals from Trieste or Malta, and to order that all vessels from Cephalonia be rigorously prevented from approaching the shore, and that some uninhabited rock be assigned to any of the inhabitants of Cephalonia who sought to leave the island during the prevalence of cholera.

In the Dutch settlements of Surinam and Curaçoa, a quarantine of forty days may be imposed on account of that disease. In the Danish island of St. Thomas a quarantine of five days is imposed on account of cholera; while all quarantine on account of yellow fever has for the last five years been entirely abolished.

At the great Spanish port of the Havanna, a quarantine of from seven to twenty days may be required from arrivals from a place infected with the cholera. Stringent measures have been enforced even when the disease was actually present in the port at the very time.

In the other Spanish island of Porto Rico a quarantine of from fifteen to twenty days is imposed, on account of this disease, even when there has been no sickness during the voyage.

The utmost diversity of regulations exists in other parts of the West Indies and in the Spanish Main.

In 1854 the Brazilian Government issued various restrictive regulations upon arrivals from ports infected with cholera; but it was soon found that they could not be carried into force; and, after subjecting several vessels to considerable detention and inconvenience, they were gradually relaxed, and, on the appearance of the cholera, were abandoned.

ILLUSTRATION OF QUERY III.

The other diseases besides plague, yellow fever, and cholera, inducing the imposition of quarantine, in certain ports and countries, are small-pox and typhus fever, especially when they have occurred during a voyage, or just on arrival. Exanthemata, such as scarlatina, measles, and other infections, or contagious diseases, are frequently added thereto.

The recommendation of the international conference of Paris was to the effect, that the quarantine shall be individual, not general, on the infected ship, but not on the port of departure.

Occasionally, the quarantine is as rigorous in some places against these diseases as against the others already mentioned, especially in various Spanish ports.

At Teneriffe, a steamer from Sierra Leone was refused admission, because the small-pox existed in that colony at her departure, although that disease was actually known to be in the island at the time.

At Madeira, all vessels from places infected with yellow fever, cholera, small-pox, and measles are subjected to quarantine, until orders are received from Lisbon to grant pratique.

At New York, when cholera, typhus, or small-pox is on board of a vessel on arrival, she is detained at the quarantine station, and the following measures taken :—

CHOLERA.—Immediate discharge of passengers, and the detention of them on the quarantine-ground for five days after the last case of the disease among them; the ship thoroughly cleansed, fumigated, and ventilated, before being permitted to proceed to the city.

SMALL-POX.—Vaccination of passengers and crew, and their detention for five days after the occurrence of the last case on board.

TYPHUS.—Discharge of the passengers, fumigation and ventilation of the vessel.

West India Islands. In most colonies, British or foreign, the occurrence, or suspicion of the occurrence of small-pox during the voyage, has been one of the most frequent causes of lengthened and rigorous quarantine measures on arrival. The vaccination of unprotected persons seems rarely to have been one of the measures resorted to.

Mauritius. The same stringent precautions enforced on account of cholera, whether existing in the port of departure, or on board of the vessel on arrival, or during the voyage. Persons landed at the lazaret, are detained there for twenty-one days from the death, or perhaps desquamation of the last case of small-pox; and for fifteen days from the death, or perfect recovery of the last case of typhus or yellow fever, and other contagious or infectious diseases.

Sydney. The diseases which render vessels

liable to quarantine, are small-pox, and other infectious diseases. The duration of the quarantine depends on the date at which the disease has ceased to exist on board at the time of arrival.

[Should any of our readers consider Dr. Bowie's communications on the subject of quarantine are being continued at too great length, we wish to state that Dr. Milroy's memoir on quarantine, the result of considerable research, and patient investigation, is difficult of access; and that on the conclusion of the extracts from this work, Dr. Bowie will give the result of his own observations on quarantine. Independent of the great interest attaching to this subject—especially at the present time, when small-pox exists amongst us, and in view of the increasing virulence of cholera in other countries—we venture to think that anything from the pen of a man possessed of the extended observation and acute intellect of Dr. Bowie, is worthy of record. The experience of no member of the profession in these colonies is comparable with that of Dr. Bowie; who is still discharging, with undiminished intellect and vigour, the active duties of a profession in the pursuit of which he has already spent considerably over half a century.—EDITOR.]

TREATMENT OF RETAINED PLACENTA.

ON THE INTRODUCTION OF THE HAND INTO THE UTERUS, AND THE GENERAL TREATMENT OF RETAINED PLACENTA PREVIOUS TO THE SIXTH MONTH OF PREGNANCY.

(Read before the Victorian Medical Association, 9th April, 1869, by the President, CORNELIUS STEWART, L.F.P.S.)

(Continued from Page 92.)

GENTLEMEN,—I can bring three other cases under your notice. During that trial, one occurred in the practice of a member of this association—Dr. Figg, of Williamstown. This gentleman, believing in the impossibility of introducing the hand into the uterus so early as the fifth month, as stated to have been done by the gentleman previously alluded to, called on Dr. Tracy* and requested him to see a patient of his with retained placenta at the fifth month, and show how the hand could be introduced into the uterus at this period of pregnancy. He refused to go, at the same time stating that it had been done by the medical man who gave his evidence at the trial. Dr. Turnbull, fully impressed with the impos-

* Dr. Tracy's evidence at the trials was peculiar. He first said that it was perfectly feasible to introduce the hand at the fifth month; but when asked if it was possible to introduce the hand into the womb after death at the fifth month, he said it would be very difficult; but that, during life, "I know it to be possible. I never had an opportunity of trying after death." And later in his examination, he said—"I never had an opportunity of doing it during life."

sibility of the introduction of the hand at any period prior to the sixth month, went at once to see the case with Dr. Figg. The patient was placed under chloroform, but the hand could not be introduced.

Immediately after the trial, a similar case occurred in the practice of Dr. Reeves. The woman, a patient of Dr. Gregory's, of Richmond, aborted between the fourth and fifth months. The flooding was very severe, and Dr. Reeves, not being able to reach the placenta, plugged the vagina, and sent for me, to determine whether the hand could be introduced into the uterus and the placenta removed, as the question of the possibility of such practice had so recently given rise to diversity of opinion. Attempts were made to pass the hand into the womb, but ineffectually. By pressing the organ down into the vagina, Dr. Reeves succeeded with two fingers in separating and extracting the placenta. This woman had previously suffered from prolapsus uteri, and this, to a certain extent, rendered the extraction easier.

I may tell you, gentlemen, that there is risk and sometimes great peril, in attempting to remove the placenta by the introduction of the hand in the earlier months of pregnancy. When you take into consideration that, at the fourth month, its extreme outside measurement is only from five to six inches in length, and five inches in breadth; and at the fifth month it has not greatly increased, being only from five to six inches in length, and only five and a half inches in breadth; were it then possible to overcome the difficulty of dilating the os, so as to admit of the passage of a medium-sized hand, the interior measurement of the organ would be less than the hand. When I speak of the human hand, I mean a hand of average proportion. I have here a placenta between the fourth and fifth month, which is four inches in diameter. I ask any one in this room whether his hand corresponds with such measurements; that mischief may not be done to the mouth of the womb, and to its attachments with the adjacent parts. Rupture of the utero-vaginal connections may be the result of such unwarrantable interference; and there are such cases on record.

I could enumerate several cases in which these attempts have been followed by disease difficult to treat. I have been informed of a case which occurred to two medical men (both long residents in this colony, and of great experience as accoucheurs) in New Zealand. The patient miscarried about the fifth month. The placenta was retained, accompanied by alarming hæmorrhage. The medical man who first saw her tried assiduously to pass his hand into the womb to remove the placenta, but failed. He then sent for the assistance of another practitioner; and, while under the influence of chloroform, further at-

tempts were made, but without avail. She died the next day.

In the early months of pregnancy the flooding attendant on abortion is comparatively of little consequence: but at the end of the third month, and subsequently, it often becomes serious, and demands the anxious attention of the medical man. I know of no position in every day practice where he is called upon to act with more determination; for if he vacillates between the different plans he has been taught, or of which he may have heard, or awaits the tardy message for some old and experienced friend to aid him in his dilemma, the result may be unfavourable, and his patient may die. Whatever he may determine on must be done expeditiously and well. How many women, through ignorance or carelessness alone, have succumbed from loss of blood in abortion? Who can say? Any gentleman who has had an ordinary share of experience in this branch of his profession can have no difficulty in calling to memory cases under his own observation, where, had not patience and skill been combined, the woman would have been lost.

In the autumn of 1852, I was called to see a woman who had miscarried at the fifth month. When I arrived she was dead. On examination, I found the placenta in the os uteri, and easily to be removed.

In 1861, I was sent for to visit a patient at Dandenong, whom I had previously attended in Richmond, for abortion at the fourth month. She had again aborted about the same period. She was nearly moribund. On examination, I found the placenta in the os uteri. Its removal was easily accomplished, and the flooding immediately ceased. She remained for some months weak and pallid, but ultimately made a good recovery. Had the placenta in this case not been removed, it would most likely have terminated in the same way as the one previously mentioned—in death.

[TO BE CONTINUED.]

CASE OF LUMBAR HERNIA.

HERNIA of the lumbar region is so rare, that writers on Hernia take no notice of it. Not more than twelve cases can be found recorded in the different medical publications. The writer was acquainted with a coalheaver, who had a tumor of an elastic character in the lumbar region, which disappeared when he turned on his face. It had the character of hernia in being soft, easily returned, and with a gurgling noise. When he coughed it gave a distinct impulse. In a case observed by the late Mr. Colles, the hernia was congenital. In a case brought under the notice of the Academy of Medicine, by Dr. Sistach, the patient, a man 46 years of age, was buried by some earth falling on him, and from the effusion of blood

into the left loin, an abscess formed, which took some time to heal. Some months after this had taken place, he noticed a tumour, the size of the fist, in the lumbar region, which disappeared when he lay down, but returned as soon as he stood up. It could be returned and kept in position by means of a bandage, the use of which enabled him to work, but if he left it off he experienced severe pain.

The great risk in these cases would be mistaking the hernial tumour for an abscess, and plunging a bistoury into it; this is a mistake that could not very well occur if the history of the case was carefully traced.

EXTRACTS FROM THE "GAZETTE MEDICALE DE PARIS."

(Translated for the "Australian Medical Gazette.")

In the time of Louis the Fourteenth, the mortality in Paris was 1 in 25; but since the "embellishments," it has diminished to 1 in 42.

COPAIBA AND CUBEBS IN CROUP.—Mons. Tri-deau, some time back, published 26 cases of croup which he had treated successfully by these drugs. At the meeting of the Societe de Therapeutic of Paris, Messrs. Burguon and Labrie found that by giving the oleo-resinous extract of cubebs in syrup, they had overcome the repugnance of children to this drug. In one case reported of its efficacy, the false membranes softened and disappeared in a very short time.

ON THE FORMATION OF FUNGOID GROWTHS IN MILK.—Hessling in *Virchow's Archives für Pathologischen Anatomie* states that, if a fine layer of milk is examined just before it becomes sour, amidst the milk and fatty globules, there will be found germinal masses of vibriones, such as are seen in substances in the course of putrefaction, and closely resembling the *ascophora*. These growths are not confined to milk, but are found in butter, both fresh and salt, and in cheese. The subject is of importance, as it has led both Hessling and Falger to consider these fungi as a source of intestinal disease in infants brought up by hand.

HYDATID CYST IN THE BRAIN.—The patient, a female, had suffered, first from intense headache. At the end of ten months her mind became feeble; later, vomiting set in of a distressing character, then difficulty in swallowing, retention of urine, and paralysis of the sphincter ani; and for five months before death, complete paralysis of the left side, dyspnœa, and feebleness of sight—first of the right eye, then of the left. After death a large hydatid cyst was found, occupying the whole of the anterior lobe of the brain.

ERUPTION OF THE SKIN CAUSED BY AN INSECT FOUND IN DAMAGED WHEAT.—In some parts of

France, from the heavy rains of last year, the wheat was damaged. The persons employed to turn it over became affected with a very troublesome eruption, which, commencing with painful itching, ended in the course of a few hours, in redness and a miliary eruption, which disappeared in the course of three or four days. M. Rouyer noticed a great many small black moving points, of the same nature as those observed on the damaged wheat. Examined under the microscope, he found them to be acari.

ALTHOUGH dentists have long since discarded the use of electricity for lessening pain in extracting teeth, Dr. Pallas, of Bordeaux, has been attempting to bring it again into notice, believing that its failure has been caused by the irregular distribution of the electricity. He has invented an instrument which he considers will obviate this difficulty.

THE VENOM OF SERPENTS.

By S. WEIR MITCHELL, M.D.

Member of the National Academy of Sciences, U.S.A.,
Director of the Biological Department of the Philadelphia Academy of the Natural Sciences.

FROM a recent communication in the *Medical Times and Gazette*, we make the following extracts:

The relative power of the various snake-poisons is difficult to settle. I know of no other poison the activity of which seems to be more distinctly affected by the individual peculiarities of the animal poisoned. The age of the animal has a good deal of influence in this question, the young suffering most readily—so swiftly sometimes, in the case of pigeons, as to make me fancy that shock or terror might have influenced the speed of the fatal result.

Of the necessity for extreme caution in trying poisons on only one species of animal, I have lately had a curious lesson. It resulted in the strange discovery of the incapacity of pigeons to be poisoned by opium.

There seems to be no limit to the extent to which venom can be taken internally, nor does it matter whether the animal be digesting or fasting; all alike escape. This was a nearly settled question two hundred years ago, and has been placed beyond doubt by the more recent experiments of Mangile with viper venom. Neither he nor any preceding observer has attempted to determine the reason for this impossibility of poisoning by ingestion of venom. In fact, until 1867, I myself went over the subject anew, I had still supposed it possible that venom might be in this respect on the same footing with woorara, and be competent to poison only in certain states of stomach. I soon discovered, as I have already stated, that it is indifferent whether digestion be active at the

time, or the stomach empty; in every case the animal escapes, nor does the amount of the poison seem in any way to affect the result. I have given a pigeon, day after day, a hundred times the dose that would kill if put beneath the skin, and have in no case observed any symptom of the venom.

The series of experiments by which this curious immunity was settled and its causes studied is too long for detail here. It showed that all mucous membranes refuse passage to venom, save only the lining of the lesser bronchi and air-cells, if indeed their membranes can be said to be mucous in character. This was one answer; but it turned out that when I had given a pigeon a teaspoonful of venom, and came to collect its fæces and intestinal contents, they were in two or three days altogether free from the toxic power of venom. These experiments, seemingly so simple, were full of difficulty, because the infusions made from the intestinal contents were themselves often competent to kill if no venom was present. These interfering results were variously avoided, and I finally reached the conclusion above stated. Whether the poison be absorbed as a harmless peptone, being an albuminoid, or, so altered as to be innocuous, and escape with the stools, I cannot say.

While the mucous membranes deny passage to venom, the serous membranes allow it to go through them with a singular ease; and to this there is no exception.

The strange weakening of the small vessels by venom goes far to explain the continuous hæmorrhage from fang wounds and the secondary extravasations which usually have been laid to some blood alteration alone. Here, then, we have a poison that causes bleeding directly, and destroys the natural means of arresting it by putting an end to the coagulating power of the escaping blood. This appears to me to be the most ingeniously mischievous of all the ways of injuring by poison described by the toxicologist.

Setting aside all the other questions which I have recently examined, I wish to say a few words in regard to the use of remedies, about which I am sorry to see physicians everywhere indulging in the most absurd statements, and sanctioning views long ago abandoned by the best informed doctors in our own snake regions.

I suspect that observers will soon discover for other serpents, as I have done for the rattlesnake, that the mortality of their fang wounds has been grossly exaggerated. Let this be properly understood, and we shall hear less of the high value, as antidotes, of the many innocent substances—such as olive oil, snake root, or common salt.

Let the physician called to see a bitten person calmly estimate the chances for his patient, noting if he have one or two fang marks, and ascertaining

if the snake were a captive, and had been a long time without using his teeth. Thus prepared, and aware that the bite is not of necessity fatal, he will be less apt to resort to the frantic therapeutics of quarts of strong whisky and the like. In a recent case, which took place in this city, a German, bitten in the finger, was given a pint and a half of strong whisky within a half-hour, but died within two hours, despite this heroic stimulation.

I mention this case without comment other than that at the time he took the whisky no well-marked symptoms of serpent-poisoning had made their appearance. When any one has been bitten, as this man was, in the end of a finger by a snake long captive, the presumption is in favour of a large dose of venom, and therefore it would be perfectly justifiable to amputate the finger instantly if the patient were seen within an hour of the hurt.

If a man has been so injured, the finger should be at once surrounded by a broad band on the cardiac side of the injury, or the like precaution taken on the arm; then the bitten part should be cut out, or the finger amputated, or burnt with a red-hot iron. No other local means are worth much at this stage of the poisoning. In any case free incision is proper, and the use of a cupping glass, where this can be had in time, and where the point attacked allows of its employment. The next step is to reassure the patient as much as possible, so as to lessen his alarm, and as soon as he feels sick or weak, and the pulse flags, he should be stimulated with enough alcohol in some shape to restore his powers, and to increase the heat-force. By this time, the part bitten will most likely be swollen. We relay the ligature, and as soon as the poison begins to tell on the general system we tighten it again, and give the stimulus afresh. Under any circumstances of local treatment there will be left in the wound poison, which must at some time enter the general blood current, and by this plan of intermittent ligature and successive stimulations we are best providing for the patient's safety, and for that of the part hurt, which of course suffers under a too prolonged separation by ligature from the rest of the body. I believe that, if it were well understood that the thousand local remedies in popular repute are valueless, and that the simple and decisive means above described should alone be used, very few deaths from snakebite would occur.

Mr. WORMALD, of Carlton, having forwarded us some of his carbolic toilet soap, we find it combines the deodorant and other valuable properties of this acid in an elegant and agreeable form.

PROCEEDINGS OF

The Victorian Medical Association.

THE usual monthly meeting was held in the Board-room of the Melbourne Hospital, on the 14th May, 1869, at half-past seven o'clock p.m. The following members of the profession were present:—

Dr. Stewart, President of the Association, in the chair; Drs. McCarthy, Berncastle, Figg, Wilson, Moore, Reeves, Nalty, Lloyd, and Iffa.

The minutes of the previous meeting having been read and confirmed, Dr. McCarthy brought up the proposed Rules, which having been discussed at some length, most of them were agreed to with a few unimportant alterations.

The thirteenth and eighteenth Rules occasioned a good deal of debate, in which Drs. Wilson, McCarthy, Berncastle, Iffa, and Moore joined; they were ultimately, on the motion of Dr. Wilson, postponed for further consideration.

Medical News.**APPOINTMENTS.**

F. E. M. Courtin, Esq., J.P., has been appointed a deputy coroner, to act at Maldon.

DR. HOWARD CLARKSON has been gazetted acting health officer for the port of Port Phillip.

MEDICAL BOARD OF VICTORIA.—The names of the following gentlemen have been added to the medical register:—William Holland Syme, Beechworth; Charles Martin, Avoca; Peter M'Vean, Wedderburne. The name of Dr. Hoyle, of Sandhurst, recently deceased, has been removed from the register.

PUBLIC VACCINATORS.—The following gentlemen have been appointed vaccinators:—Dr. Forbes, temporarily at Strafford; Dr. Benjamin Warren, for the districts of Bright and Growler's Creek, *vice* Dr. Dowd, resigned; Dr. J. R. Peel, for the district of Wahgunyah, *vice* Dr. William Barker, resigned.

SMALL POX.—Since our last issue, two cases of this disease have occurred—one at Palmerston-place, Carlton, in a little girl aged four years, who died on the 23rd instant; the other at Moyston, near Ararat. Other cases, however, have been reported. It is generally understood that many cases of this disease have not been made public, owing to the annoyance and inconvenience occasioned by a vexatious system of quarantine.

**THE AUSTRALIAN
MEDICAL GAZETTE.**

MELBOURNE: MONDAY, MAY 31, 1869.

THE remarkable report published on the 12th inst., by the Managing Committee of the Melbourne Hospital, bearing on a variety of subjects connected with that institution, deserves more than a mere passing allusion; but previous to noticing in detail the various questions dealt with in this document, we may premise that the spirit of selfish monopoly so long characteristic of the general management of that institution is mainly chargeable with the shortcomings so frequently and unpleasantly cropping up in connection with the metropolitan hospital.

Some years since, after a long-continued struggle, the honorary medical staff was increased to the number of sixteen; but this reform, tolerated for a time, but not heartily or honestly embraced, was undermined on the first favourable pretext, and we now find the honorary staff numbering only thirteen members, instead of sixteen, with the certain prospect of a still further reduction, until it will at length, no doubt, revert to its original narrow dimensions of a nice little family party whose felicity will be undisturbed by a solitary ray of generous rivalry.

The charge of irregular attendance brought against the honorary staff is much to be regretted, and would, we venture to assert, be most satisfactorily obviated by augmenting the strength of the honorary staff to sixteen, the former number.

After long contending against the necessity for a new general hospital, we are rather surprised at finding the committee so suddenly approving of, and apparently regarding with satisfaction, the erection of such an institution.

The proposal to appoint a head of the resident medical staff is undoubtedly a step in the right direction. It is matter of surprise how this institution has hitherto got along even so well as it has done, without such an officer to impart the requisite unity and vigour essential to the efficient working of so extensive an establishment. Several attempts have already been made to procure the appointment of such an officer, but hitherto without success, chiefly owing to the, perhaps not unnatural, jealousy

of the honorary staff. The salary suggested for the proposed resident medical head is ridiculously inadequate to the suitable remuneration of this officer, who, if at all properly qualified for such an important position, should receive, at least, twice the proposed salary.

The proposal to reduce the strength of the resident staff from four to three appears both illogical and injudicious, especially in view of the statements in the report, that each of the four resident medical officers has an average of one hundred beds under his charge, independent of the demands made upon his time by casualties and out patients, and that at present the resident staff are with difficulty able to keep pace with their duties. We are wholly unable to understand by what process of reasoning three are supposed to be equal to discharging duties at present taxing the utmost energies of four persons to accomplish. The idea of permitting students to do any serious portion of the work now performed by the resident staff is futile and impracticable. Such a paltry economy would be trifling with valuable lives, and could hardly fail to be followed by lamentable consequences.

The circular addressed to the suburban borough councils contains some singular recommendations, particularly the suggestions regarding medical attendance upon sick persons at their own homes, and the gratuitous delivery of poor women at their residences, both of which proposals we have no hesitation in denouncing as measures eminently calculated to promote the encouragement of pauperism, and the destruction of self-reliant independence. For persons unable to pay for medical attendance at their own homes the hospital is the proper place; and for poor women requiring gratuitous attendance in their confinements the Lying-in Hospital has been provided. Should either of these recommendations, especially the latter, ever be carried into practice, we respectfully beg to suggest they would be incomplete without some such provision as the following:—"That, for the better encouragement of pauperism, the clergy of the various denominations be requested to perform the solemnisation of matrimony gratuitously for persons unable to pay the usual fee." This proposition would be the exact complement of the demoralising proposal contained in the circular. We need not, however, be surprised at such a proposition, as it is, and ever has been, the curse of

medical charities not to wait for a want to develop itself, but to meet the evil half way; lest, peradventure, without a little friendly encouragement, it might never come to anything. We fear Melbourne is fast following in the footsteps of London, where medical charity has been multiplied to that extent that, at length, it has been ascertained to be encouraging the very pauperism it was intended to obviate as well as relieve.

The local medical staff of the proposed branch dispensaries, should such institutions, on further consideration, be deemed necessary, instead of being restricted to the nominees of the local councils, should embrace all the legally qualified practitioners in the district, following the excellent example already set in the case of the Richmond dispensary. It is surprising the report contains no allusion to the system of provident or self-supporting dispensaries, introduced into England of late years with such eminent success; an admirable system, calculated to develop habits of frugality, independence, and self-respect, and to discourage pauperism.

One very legitimate mode of diminishing the pressure on the Melbourne Hospital is wholly omitted from the report. We refer to the rigid exclusion, either as intern or extern patients, of persons whose circumstances enable them to provide for their medical treatment at home. That this is no imaginary abuse is well known to the public and the profession; the former being thereby too often defrauded of their money, and the latter of their services, under the pretended mask of poverty, by persons possessed, in many instances, of incomes varying from one to several hundreds a year. Cases are, in fact, not wholly unknown in the history of the hospital, wherein the fortunate owners of fashionable equipages have condescended to honour that institution by quartering upon it the sick members of their families. Even the reception of paying patients, save in very exceptional cases, is a serious evil, the hospital being only intended for those persons who are otherwise unable to provide medical aid in seasons of illness. The reception of paying patients acts prejudicially in two ways; first, by admitting those persons for whom such institutions were never intended; and secondly, by occupying the accommodation which, but for them, would be available for legitimate objects.

Another mode of diminishing the pressure

on the hospital, or rather of increasing its capacity to deal with that pressure, is by augmenting the honorary medical staff to sixteen, the number at which it was fixed some years ago; this would give each member of the honorary staff some twenty-four intern and ten extern patients to attend to, an amount of work so moderate that it would afford no excuse for negligence, or for performing the duty in a perfunctory manner, and any gentleman not discharging his office with reasonable regularity should be requested to resign.

Before concluding, we would suggest to the committee the necessity and advisability of appointing stated hours for the visits of the honorary staff, and of giving permission to all legally-qualified practitioners to accompany the honorary staff, in their visits through the wards; such permission being strictly confined to seeing the treatment of the patients without any interference whatever. An arrangement of this kind would be not only a graceful compliment to the profession, but would confer immense benefit upon the public. The primary object of hospitals, wholly supported at the public expense, is, we presume, the relief of destitute sick and injured persons; but, in return for the expenditure of large funds, the public very properly and justly have a right to be benefited, to the fullest extent, by having the experience gained in such institutions diffused, as much as possible, amongst the medical profession, thereby rendering it much more serviceable, than is the case at present, to the community at large. This object can only be accomplished by opening the hospital to the general body of the medical profession, thereby enabling them to profit by, and diffuse amongst the public the great advantages attendant on hospital experience. The medical men practising within a radius of ten miles around Melbourne, number somewhere about one hundred and fifty. Now it cannot be said, with any shew of reason or truth, that rigidly confining the valuable experience, at present in a great measure useless, to some thirteen members of the profession, or less than ten per cent of the number practising in the metropolitan district, is rendering the advantages of hospital experience as available or useful to the general public as they have a right to expect. A reform of this kind would be certain to benefit the hospital itself. Against its adoption no reasonable objection can be urged; and, although we would prefer seeing such a reform conceded

as a graceful compliment to the profession, we unhesitatingly assert that the public, whose interests are principally, if not solely, involved in our suggestion, are entitled to demand it as a matter of right.

We look forward with confidence to the sympathy and support of the honorary staff in aid of opening the hospital to the profession, a proposal founded on reason and justice, and which, sooner or later, is certain to be ultimately carried. Should the honorary staff, however, unwisely oppose so fair a request, their conduct would be justly liable to the imputation of being actuated, either by a dread of criticism, or by a desire to continue a selfish monopoly, as injurious to the public interest as it is offensive to the profession and inimical to the progress of medical science. We will not, therefore, for one moment, do the honorary staff the injustice of supposing them capable of being influenced by such unworthy motives; indeed, we regret such a proposition has not, in the first instance, emanated from themselves, from whom it would come with a better grace.

We should rejoice at seeing the Melbourne Hospital, the oldest and most important institution of the kind in the colony, emancipating itself from a traditional influence prejudicial to its usefulness.

We are convinced our proposal to enlarge the honorary staff, and open the hospital to the profession, could not fail to promote the best interests of that institution, by augmenting its usefulness and popularity. Such a step, moreover, would be in accordance with those enlightened views now entertained on this subject in England, and in favour of which the *Times* and the *Lancet* are lending the powerful influence of their advocacy.

Another consideration not to be lost sight of is, that by adopting a liberal policy towards the medical profession, the hospital authorities will be pursuing not only a wise and generous course, but one which at the same time is most likely to obviate the undesirable multiplication of small private hospitals and dispensaries, whose existence in London is so much deplored, and whose influence in the course of time would here, no less than in England, be detrimental to the prosperity of the general hospitals.

STRADMAN'S POWDERS.—At a recent inquest at Deniliquin, this medicine was supposed to have contributed to the death of a child from congestion of the brain.

Medical Annotations.

THE "LANCET" ON NEW HOSPITALS AND THEIR MANAGEMENT.

At the present time, when the subject of hospitals and their management is attracting so much attention, it is clear that medical practitioners owe it to the profession to weigh very carefully the effect of any proceedings that they may feel inclined to take. There is something at first sight captivating in the idea of a local hospital; and men of sufficient position to expect office in such an institution would naturally be disposed to support it. We cannot but feel, however, that many of our brethren are greatly and systematically robbed under the name of charity, and that the management of any new hospital would be bound to frame rules which should at least endeavour to prevent some of the evils of which we complain. The admission of the nominees of subscribers in preference to more urgent cases, and the admission at all of patients who are able to pay a doctor at home, should be guarded against with jealous care. In the interests of all the local practitioners, moreover, *the number of the medical staff should be as large as possible.* A small hospital staff, in a provincial town, means that the out-patient department will receive very inadequate attention, and becomes, in the course of a generation *a mere contrivance for exalting a few practitioners over the heads of the rest.* The suggestion has been made to us that fees might be paid to the staff of the new hospital for operations; but we are not prepared to support so imperfect a proposition, at least until some general change can be carried out. In the meanwhile we have to take care that charity is not abused. Abuses creep into old institutions by degrees, and reforms are hard to carry out. In new institutions abuses should have no place, and reforms should not be needed.

THE THERAPEUTICS OF WAKEFULNESS.

By DR. HAMMOND.

BRUSHING the hair or friction of the skin, as by rubbing the palms of the hands or backs of the arms, will in some persons tend to induce sleep. Soothing sounds have sometimes a similar effect, while, on the other hand, persons whose occupations are noisy are apt to awake when the noise to which they are accustomed suddenly ceases. But agents more efficacious than such external ones are those which lessen the amount of blood circulating in the brain. First may be mentioned food and drink, of whose happy influence a frequent illustration is given in the case of a late supper. During digestion more blood circulates through

the gastro-intestinal vessels than when the abdominal organs are unemployed; and this additional amount of blood must come from some other part of the body, since a marked excess of this fluid cannot exist in two different parts at the same time, except in cases of disease. That the amount of blood in the brain is diminished during digestion is evinced by the feeling of drowsiness commonly experienced, which is a perfectly healthy sensation. The food thus taken as a therapeutic agent should be easily digestible.

In persons weak or anæmic, especially women who have been rendered so by hæmorrhages, a dose of some of the preparations of alcohol at bedtime is frequently advisable. Of these, wines are not so generally admissible as spirits. A clergyman who came under my care had been unable for seven or eight weeks to sleep more than two hours each night. I prescribed a dose of whisky, to taking which he at first strongly objected. The first night he slept five or six hours, and the second seven or eight hours. His whisky was gradually reduced from half a glass to none at all, and he continued to sleep well without having formed any habit of drinking. In some persons coffee acts much as other stimuli do in asthenic cases. Do not trifle with it by administering a little weak infusion, but give strong doses at once. Much depends upon the method of making it. Exhaust the strength of three or four ounces of ground coffee by percolation with a rather small amount of boiling water, and give it without milk. Tea acts in a similar manner, but not so efficiently.

Sometimes sleep may be produced by exercise taken regularly about two hours before bedtime. This acts best in asthenic cases. It has often been noticed that change of air and carriage exercise produce sleep. The warm bath may be used as a hypnotic, but the head should be prevented from becoming heated by putting cold water on it while the body is immersed, and sometimes cold water suffices without the bath. Another remedy, often of much value, is the application of a sinapism to the epigastrium. The position, too, of the body is of importance. In many cases, holding the head downwards produces wakefulness, and such persons should go to sleep in the erect posture. Among drugs, opium is hypnotic in doses of one or two grains, and one of its constituents, narceine, has been found to produce continuous and profound sleep; but the ordinary preparations are too uncertain to be relied on, and it is too expensive for frequent use. Hyoscyamus sometimes acts excellently, having the advantage over opium of not producing headache and constipation. The tincture, especially Neergaard's, may be given in doses of a drachm to a drachm and a half three times a day, if necessary. Oxide of zinc may prove serviceable in some cases, two grains being given

three times a day. When much larger doses are given, it generally produces irritability of the stomach. Phosphorus is a remedy which has come into use recently. Twelve grains of phosphorus should be boiled in one ounce of almond oil, and filtered. The oil absorbs four grains of the phosphorus, so that each minim contains $\frac{1}{12}$ grain. Half an ounce of this oil is to be mixed with one ounce of gum arabic, and fifteen drops of some aromatic oil are added. Of this mixture the dose is fifteen drops, equal to five drops of the phosphorated oil, and containing $\frac{1}{4}$ grain of phosphorus. I have used it in eight cases with success, and failed in two cases. I try to get three doses taken before bedtime, and thus far have succeeded in producing the desired effect on the second day, if I had not on the first. The dose may be increased by a drop a day until twenty are taken or signs of gastric irritation supervene. But of all the sleep-producing agents at our disposal, bromide of potassium is most deserving of the name of hypnotic. I have never seen it fail when given in sufficient quantity. A healthy adult may take from twenty to thirty grains three times a day, the latter dose not being too large when needed at all. Sometimes it produces, amongst its other effects, great weakness in the legs and a staggering gait, strongly resembling that of a person intoxicated with alcohol. It also occasionally produces great lowness of spirits and a disposition to cry. It should be administered very much diluted, and may be conveniently prescribed one ounce in four ounces of water, a drachm of this being given in at least half a tumbler of water.—*Boston Journal*.

THE CONVICT RITSON. IS HE SANE OR INSANE?

It is stated, in the evidence given by Dr. Barker at the inquest held on the body of the late Rev. Wm. Hill, at Pentridge, on the 14th inst., that some eight or nine months ago, Ritson was examined, while in gaol, by Drs. Robertson and Barker, who gave it as their opinion that he was of unsound mind. From the following report laid before the Legislative Assembly on the 18th inst. by the Chief Secretary, the Hon. James McCulloch, it would appear that Drs. Paley and McCrae did not concur in that opinion:—

“ Medical Department, Melbourne,
Nov. 20, 1868.

“ Sir—In reply to your communication of the 16th, requesting me to examine the prisoner Ritson, in conjunction with Dr. Paley, I have the honour to report that Dr. Paley and myself have carefully examined into the state of mind of Ritson, and that we are of opinion he is now, and has

been since his committal to gaol, of sound mind, with a correct perception of right and wrong.—I have, &c.,
“ W. M'CRAE, C.M.O.
“ The Under Secretary.”

GENERAL PRACTITIONERS AND HOSPITALS.

We imagine that there is very little difference of opinion in the profession as to the desirability of giving medical men *generally* the advantage of seeing the practice of our large hospitals under certain restrictions, which are necessary to prevent any interference with the proper administration of the institutions, or the comfort and duties of the attached staff. We are, therefore, much surprised at the opposition to this most proper concession to professional men evinced at the annual meeting of the governors of the Cardiff infirmary, held on Tuesday the 26th ult. Dr. Buist brought forward a motion, which ran thus:—“ That it is expedient to make the infirmary as available as possible to medical men in the neighbourhood, and that the staff be asked to confer, at their earliest convenience, as to the best way of securing for their medical brethren this privilege.” It so happened that no proper notice had been given of this motion, but it was decided to discuss it; but as the medical staff of the infirmary were opposed to it, it was withdrawn. Now, in the first place, it is due to Dr. Buist to say that he brought his proposition forward in a very proper manner, and at once gave way to the opinion of the medical staff.

He deserves credit for his moderation. *We must unhesitatingly say that the decision is altogether a mistake.* It might be easy for the staff to fix certain operation-days, or special times, at which medical men might be admitted to see the practice. It would enhance the popularity of the infirmary undoubtedly, and be of service to the practitioners of the neighbourhood. It would be easy to prevent any interference. We should be the first to deprecate that; and hope the medical staff will see their way at an early date to some acceptable arrangement.—*Lancet*.

In reply to a question by James McKean, Esq., M.L.A., on the 25th instant, the Chief Secretary stated that the number of deaths occasioned by small pox was eight or nine, and that the amount expended by Government on account of this disease was £335; a tolerably liberal price for official blundering. We should like to know whether this amount includes *all* the expenditure incurred for the valuable “exhaustive” reports of Dr. Helm, as well as the disbursements in connection with the Small Pox Commission, the Immigration Hospital, the Royal Park Hospital, Greenborough? &c.

DISLOCATION OF THE HIP-JOINT REDUCED WITHOUT PULLEYS.

As is well known, the ordinary plan adopted when the head of the femur is dislocated upon the dorsum of the ilium includes the use of pulleys, by which traction is effected, whilst a perineal belt provides the counter-extending force. Dr. Reed, of Rochester, U.S. (according to Mr. Erichsen's "Surgery," fifth edition, 1869), first introduced the process of "manipulation" as a means of reduction, without employing pulleys. In the following case, kindly furnished us by Mr. Norton, house-surgeon, this simple plan was immediately successful.

A woman, aged twenty-eight, was admitted into the hospital in July last, at midnight, with dislocation of the left hip, and broken ribs, caused by a fall from a second-floor window whilst drunk. The caput femoris was plainly felt on the dorsum ilii; the thigh was rotated inwards, and flexed at a right angle, the knee resting on the other thigh, just above the patella. The injured thigh was half an inch shorter, and the distance between its great trochanter and the anterior superior iliac spine one inch greater than on the uninjured side.

Complete muscular relaxation having been obtained with chloroform, the pelvis was firmly held down on the floor by a couple of assistants (the patient lying on her back on a mattress), while Mr. Hulke made traction of the thigh by a jack-towel clove-hitched above the knee, at first in a vertical direction at right angles to the line of the trunk, and then flexing and adducting the thigh on the abdomen, the head of the bone slipped into the socket with a distinct snap.—*Lancet*.

ANIMAL VACCINATION.

THE recent arrival of small-pox in the colony having given additional interest to everything connected with vaccination and its prophylactic influence against this disease, it may not be out of place to glance at the subject of animal vaccination as practised on the Continent of Europe, the advocates of which claim for it the following advantages:—That in the event of any sudden demand arising for vaccine lymph, animal vaccination affords a more plentiful supply, that the lymph obtained by animal vaccination is more energetic, as evidenced by its making a greater impression, locally as well as on the system at large; and that vaccination from the heifer insures freedom from contamination with any extraneous virus, such as syphilis, struma, etc. We do not perceive much force in any of these arguments, except, perhaps, in that relating to a more plentiful supply of lymph; but, as a set-off to this advantage, if it be such, it is admitted that vaccination from the

heifer causes much greater irritation than is occasioned by lymph obtained from the human subject. According to Dr. Ballard, of London, the following is the mode of conducting animal vaccination in Paris, where it has been practised for many years. Vaccination from the heifer has also been introduced at Vienna, Berlin, St. Petersburg, and Naples:

"The procedure, as followed by M. Chambon, in Paris, is this: Arrangements are made by which a succession of heifers or calves, of about the age of five months, is provided for. They are carefully stabled, and fed upon the diet to which they have been accustomed. The animal to be vaccinated is placed on its left side and fastened down upon a table of convenient construction, and the operator proceeds to shave with a dry razor the right side of the abdomen, commencing from the udder, and over a space of about ten inches long by six or eight broad. The calf, which is the *vaccinifer*, is laid also upon its left side and fastened down, and the fluid is obtained from a pock, by forcible compression of its base by a pair of spring forceps, and the result is the rupture of the pock, and the abundant flow from it of a quantity of a *thickish sulphur-coloured fluid*, which is taken upon the lancet, or into capillary tubes, for the purpose of preservation. The animal on the table is vaccinated upon the shaven surface by puncture in sixty or eighty places, and means are adopted to prevent subsequent injury by biting or licking. Pocks, which finally attain the size of large human vaccine pocks, speedily begin to rise, and are used for the vaccination of children from the fourth to the sixth day. Subsequently to this the vaccine they contain is found to be less active, but still sufficiently so for the vaccination of another calf, for which the pocks left unopened are therefore used on the seventh or eighth day. The grounds upon which the practice of animal vaccination has been advocated are mainly three, namely, the quantity of virus which may, so to speak, be manufactured, its energetic quality, and its purity."

THE out-door system of relief as carried on in some Hospitals is a "mockery, a delusion, and a snare." Not only are thousands of persons annually in receipt of gratuitous medical advice at these institutions who are well able to pay for it, but the young gentlemen who officiate as house-surgeons and clinical clerks are too much in the habit of passing criticisms on the practice of their seniors in the profession. They have, it is true, the excuses of youth and inexperience, but they should reflect that the great charm of youth is modesty, and the great evil of inexperience is to "rush in where angels fear to tread."—*Medical Times and Gazette*.

INJECTION OF AMMONIA INTO THE VEINS IN SNAKE BITE.—The *Launceston Examiner*, of 25th March, contains the following particulars of the case of James Brown, residing at Whirlpool reach, Tasmania, who was bitten in the arm by a snake on the 2nd of that month. This man, treated in the first instance with the old remedies, was subsequently brought to the Launceston Hospital, where ammonia was injected into a vein in his leg. On the following day he returned home apparently cured. A few days afterwards, however, unfavourable symptoms set in, the leg became black in the vicinity of the injection, the discolouration extended downwards to the toes and upwards to the neck, leaving a well-defined line of separation from the other parts of the body. The discoloured side was, moreover, characterized by immobility and loss of sensation, almost as complete as if they resulted from paralysis. Happily these formidable symptoms began to subside, the blackness gradually disappearing, though it still continued in the vicinity where the ammonia had been introduced.

AORTIC ANEURISM.—From statistics published by the army medical department, it appears that this disease is eleven times more frequent in the army than amongst the civil male population. Dr. Myers, assistant-surgeon, Coldstream Guards, attributes this frequency to the interference with respiration and circulation, caused by the constriction of the collar and upper part of the soldiers' tunic.

IODINE AND CARBOLIC ACID.—Dr. Percy Boulton proposes to avoid the unpleasant staining of the clothing and skin attendant on the external application of iodine by adding to the preparation of iodine to be used a little carbolic acid, which results in the formation of a colourless carbolate of iodine, combining the properties of both its constituents.

FORCED AND PROLONGED FLEXION OF THE LIMBS IN TRAUMATIC HÆMORRHAGE.—M. von Adelman, of Dorpat, in a paper laid before the Belgian Academy of Medicine, and founded upon ten cases occurring in his practice, arrives at the following conclusions:—1. Forced flexion is a valuable means of arresting traumatic hæmorrhage. 2. It should be employed before having recourse to other hæmostatic agents. 3. It may be resorted to in cases in which ligature of the artery has failed. 4. A knowledge of its mode of application should be popularly diffused, so as to allow of its being at once adopted while awaiting the arrival of the surgeon. 5. Such knowledge may also be very useful in armies. 6. It is very desirable that manuals of surgery should bring the subject into prominent notice.—*La Presse Belge*, January.

MORTALITY FROM SNAKE BITES IN INDIA.—According to a statement in the *Lancet*, it appears that 1127 persons died in the province of Oude from the effects of snake bites during the year 1868; and that 1874 deaths from the same cause occurred in the Central Provinces in the course of 1866, 1867, and 1868.

DEATH FROM THE ACCIDENTAL ADMINISTRATION OF TINCTURE OF OPIUM.—A patient named George Lea came by his death in the Beechworth Hospital, on the 15th instant, in consequence of having taken on the previous evening, through some mistake on the part of one of the wardsmen, over two ounces of tincture of opium instead of a similar quantity of black draught. As soon as the mistake was discovered, Dr. Syme had recourse to the stomach pump and other remedies, but, unfortunately, without success.

NUX VOMICA IN CHRONIC DYSENTERY.—In a recent number of the *Bulletin Gen. de Therapeutique* is an article by Dr. De Savignac, upon the use of nux vomica in dysentery and dysenteric paralysis. His theory is, that the cause of the disease lies in an affection of the spinal cord, which causes paralysis of the motor nerves of the large intestines, and of the vaso-motor nerves which supply its blood-vessels. If this be correct, nux vomica would appear to meet the indication precisely. Dr. Savignac, who has had large opportunities for observation in the marine hospitals of Toulon, claims excellent results.—*N. Y. Medical Gazette*.

Birth, Marriage, and Death.

BIRTH.

On the 21st instant, at Bacchus Marsh, the wife of Dr. William Rae, of a son.

MARRIAGE.

LINDSAY—WILLIAMS.—On the 18th May, at Barkly-street Wesleyan Church, Ballarat, by the father of the bride, assisted by the Rev. J. Watsford and T. Ick, M.A., Robert Charles William Alexander Lindsay, surgeon, Creswick, son of Alexander Lindsay, Esq., Fintona, county Tyrone, Ireland, to Jane Elizabeth, eldest daughter of the Rev. Thos. Williams, Wesleyan Minister, Ballarat.

DEATH.

BENJAFIELD.—On the 21st inst., at Yarra-cottage, St. Kilda Road, Charles Coutts Benjafield, M.B.C.S.E., formerly medical officer of the Industrial Schools and Immigrants' Home, and only son of the late Major N. Benjafield, of the 67th Foot, in his sixty-second year.

Notice to Correspondents.

COMMUNICATIONS for the *Gazette* are requested to be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND Co., 72 Little Collins-street East, Melbourne.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 102).

PRACTICE OF QUARANTINE IN THE NORTHERN PARTS OF EUROPE.—QUERIES I, II, III.

In almost all the great ports in the north of Europe, the quarantine regulations have of recent years undergone a marked change, in the way of relaxation and of diminished rigour.

In Sweden, up to 1854 (the first year of the Russian war), a most stringent and vexatious quarantine was imposed, on account of the presence, or the suspicion, of cholera, not only on arrival but also departure.

In 1855, the latter was formally abolished, and that too, in the case of yellow fever as well as cholera.

At Stockholm no vessel has been quarantined for several years past. Cargoes are landed only on account of plague.

Denmark, in 1852.—Quarantine, on account of cholera or yellow fever existing in the port of departure, was no longer enforced in Danish harbours. Our consul at Elsinore remarks, that the desire exists to make the intercourse with other ports as free as possible; and that in any reformation the Danish Government may make in the existing quarantine regulations, it will be much influenced by the measures taken in other countries, especially in England.

In the great Prussian ports of Dantzic and Stettin, where the average amount of arrivals annually is not less than 2,000, not a single vessel has been quarantined during the last five years.

At Hamburg, in 1856, all the former stringent regulations which had been long held unnecessary by the leading medical authorities of the State, were repealed, and in lieu of them, all vessels arriving from infected or suspected ports, or on board of which sickness had occurred, were directed to be examined at Cuxhaven—the outport of Hamburg—by an appointed medical officer, possessing large discretionary powers, as to the measures to be enforced for the preservation of the public health.

Amsterdam and Rotterdam.—In no country have quarantine restrictions been so slight since the beginning of the present century as in Holland, and Dutch vessels have continued to enjoy the benefits of greater freedom in this respect when the commerce of other countries was ham-

pered by self-imposed restraints. The quarantine regulations, says our consul at Amsterdam, may be considered almost a dead letter.

In the Dutch West India Islands of Curaçoa and Surinam, the existing regulations appear to be of extreme rigour.

Antwerp.—Since June, 1851, all vessels, from whatever country, are admitted to pratique, provided they have a certificate that the health of the crew and passengers was good at the time of departure, and that no contagious disease had occurred during the voyage. In doubtful or suspicious cases, reference is made to the quarantine physician to the Board of Health. Practically, a quarantine of from three to five days appears to be seldom, if ever, imposed under any circumstances. For several years past no vessels have been detained.

Great Britain.—The existing Act of Parliament and Orders in Council have long been, for all practical purposes, obsolete.

For the last twelve years or so, no quarantine has been imposed on vessels from the Levant or elsewhere for the plague; nor has a single ship been detained for a day on this account except in a very few instances, when the irregularity, or want of a bill of health, may have caused a delay of twenty-four hours or so before free pratique was obtained. Long prior to the period mentioned, a great reduction would have been made in the quarantines usually imposed for the plague, had it not been for the vigilant jealousy of the consuls of different nations resident in this country, who immediately reported any alteration in our quarantine practices to their respective governments, who eagerly seized every opportunity of an excuse for putting all arrivals from this country in quarantine.

Of recent years, it has almost exclusively been imposed on account of yellow fever, where the disease has actually existed in vessels during their voyage, and this has been chiefly at Southampton with the West India Mail steamers.

The established period of detention for yellow fever, is six days from the last attack on board. In no case, however, has the detention exceeded two days after arrival: nor had any period for the purification of the cargo been deemed necessary.

The quarantine measures now adopted, on account of cholera, are limited to removing the sick, when it can be done with safety, from on board an infected vessel; and thorough cleansing and purifying of the ship, together with the general hygienic supervision of the crew, so as to prevent or arrest all premonitory or suspicious sickness. Infected vessels are kept apart as far as possible from other vessels, and all unnecessary intercommunication prohibited; but no compulsory measures are resorted to.

There is no lazaret on shore in any port in Great Britain. The only lazarets are three men-of-war hulks—one in Stangate Creek, at the mouth of the Medway; another at the Motherbank, off Ryde, Isle of Wight; and the third in the Mersey, Liverpool.

During the last five years no person has been received into any of the lazarets.

Nothing like uniformity exists in the quarantine regulations and practices in the numerous colonies of Great Britain.

Gibraltar, Malta, and Corfu, compelled by the dread of retaliatory measures of increased rigour from adjacent countries, have had to adopt the general system pursued in Mediterranean states.

In Canada and in Australia the practice of quarantine is confined to the detention of vessels with actual sickness or disease on board, quite irrespective of the place or country from which they come, for the purpose of landing the sick, the recovery of the convalescent, and the purification of the ship before she is permitted to proceed to her destination. No specific periods are assigned on account of particular diseases, but, as remarked by the health officer of Sydney, every case of quarantine is dealt with on its own merits, without reference to any classification of disease, or of ports from which the vessel may have sailed.

By this mode of procedure much vexatious delay and unnecessary expense are avoided, and every vessel is admitted to pratique at the earliest possible period compatible with due regard to the public health.

Among our West India colonies the greatest diversity of practice prevails, although sometimes the colonies are close to each other. Thus, at Barbadoes, quarantine has of late years been all but discontinued; while measures of extreme rigour have been adopted in Trinidad, and still more at Guiana, on account of the same diseases.

Within the last ten years the practice pursued appears to be much relaxed.

TREATMENT OF RETAINED PLACENTA.

ON THE INTRODUCTION OF THE HAND INTO THE UTERUS, AND THE GENERAL TREATMENT OF RETAINED PLACENTA PREVIOUS TO THE SIXTH MONTH OF PREGNANCY.

(Read before the Victorian Medical Association, 9th April, 1869, by the President, CORNELIUS STEWART, L.F.P.S.)

(Concluded from Page 103.)

GENTLEMEN, the next subject I have to consider is the treatment of retained placenta, viz. :—

1st. Removal by the fingers.

2nd. By instruments.

3rd. By plugging and waiting.

1st. If the placenta can be reached with one or more fingers and removed, all our trouble will be

over, and the patient's safety secured. In the case which was under Dr. Reeves' care and my own, by pressing down the womb, as I just now mentioned, into the pelvis, the fingers may be got round the placenta so as to detach it; or it may be grasped between the fore and middle fingers and drawn away; but if it be adherent or not separated from the walls of the womb, we have but two alternatives—either to use a pair of cesophagus forceps, and seize the placenta and bring it away (in no instance have I, by such a measure, seen it removed entire), or to plug the vagina and wait.

In looking back over the records of midwifery, as far as 1751, Smellie speaks of a blunt hook: "If I have failed," he says, "to reach the placenta, so as to be able to detach it, I open the os-internum, to enable two fingers to pass, and then try to bring it away with the blunt hook, but even this has failed." He was strongly impressed with the opinion that the greatest care should be observed that the hook did not injure the uterus. Surely I need not tell you, if the placenta is closely adherent, that it is barely possible to attempt its removal without risk of serious injury. He did not consider that it was unattended with danger even when the placenta was separated, for he says: "I have introduced the hook, and turning the blunt point above the separated cake, extracted it without further difficulty, *taking care all the time that the point was towards the placenta, and it did not touch any part of the uterus.*"

He also relates a case which occurred to him, when the funis and membranes were expelled at the fifth month, but the placenta was retained for a period of eleven months, and was then removed by the blunt hook. The woman recovered, and afterwards bore children. "In this case, the placenta was compressed into a compact substance, resembling cartilage."

Speaking of the use of the forceps, he observes: "I have tried to extract the placenta with the polypus forceps, but seldom effected the extraction without difficulty, because this instrument takes more room than the hook, and is not easily managed. There is very rarely occasion for any assistance of this kind, which should never be used except where the patient is in danger."

My experience does not favour the use of the forceps. I will only mention one case in illustration. I was called in consultation with Dr. Girdlestone, near to my residence in Richmond. The lady had been seen the previous day by another medical man. On my arrival the patient was pulseless, and in imminent danger. A great portion of the placenta had been removed, but not the whole, and during the successive applications of the forceps, hæmorrhage to an alarming extent occurred. After some considerable time,

during which the fate of the patient was poised between life and death, the remaining portion was extracted. She remained for several days in a very precarious condition, but ultimately recovered.

Had this case been treated by plugging and opium, I hesitate not to aver, the result would have been less hazardous. The mutilation of the placenta increases the hæmorrhage, and thereby compromises the safety of the patient; and this you will find an almost invariable result. Plugging the vagina at the full period of utero-gestation, after the escape of the foetus and secundines, fails on account of the increased capacity of the womb, whereby internal hæmorrhage to a fatal extent occurs; but it is very different in the early months.

Had the patient in New Zealand, to whom I have previously referred, been so treated, instead of being placed under chloroform, and attempts made to introduce the hand into the womb—in fact, an impossibility—she might now have been alive.

Dr. Burns—than whom there is no higher authority—regards manual interference as only admissible in absolute danger from hæmorrhage, and that plugging the vagina, provided the placenta cannot be detached and removed by one or two fingers, as the only safe remedy. Hooks and pincers, he observes, are in modern practice discarded. Gentlemen, these opinions I endorse, after an experience of at least a quarter of a century. The motto of an accoucheur should be, art, not mere force. In the mother country, sponge is generally used for plugging; but even there it cannot on every occasion be procured. In this country it is often difficult to obtain. I have therefore used a roller of 2½ inches in breadth of soft calico, of indefinite length, and have gradually introduced it into the vagina, using so much as completely and firmly fills it. Once daily the plug may be removed and a fresh one applied, if necessary. With this treatment, a large dose of opium or morphia ought to be given; and so soon as the patient is under its influence, she may be considered safe. Opium is the sheet-anchor in obstetric practice. Some difficulty often arises in getting the stomach to retain opium—the vomiting may be so severe; morphia, with a little dry sugar, will be sufficient to allay the vomiting, soothe the nervous excitement, and check the bleeding. In a late case of Dr. Graham's, in Richmond, with whom I attended, the value of morphia and plugging was signally proved. On my arrival, I found the woman had been flooding for a number of hours. She was pulseless, with cold extremities, and incessant vomiting. We regarded her case as utterly hopeless. The vagina was plugged, morphia given, by injection, with

brandy; within twenty-fours reaction was established, and ultimately she recovered.

I know that many members of the profession would consider the dose of opium or morphia I am accustomed to give too large, but I have never found any bad effect to follow a full and fearless one, but, on the contrary, a safe and comfortable termination of many a hazardous case, where small and often-repeated doses would have baffled the exertions of the medical man, and been productive of unsatisfactory results.

In these remarks, gentlemen, you will observe the course I have followed, and now venture to recommend, in the treatment of abortion. It has left me no room to doubt its success when fairly used; and I offer it to you as the recorded observation of one whose opportunities have been considerable in this particular branch of the profession.

SELECTIONS FROM FRENCH, GERMAN, AND ITALIAN MEDICAL JOURNALS.

(Translated for the "Australian Medical Gazette.")

POISONING WITH OPIUM, AND ITS PREPARATIONS.—The *Journal de Chimie Médicale* publishes the statistics of 404 cases of poisoning by different substances, extending over a period of eleven years—1855 to 1865, inclusive. The deaths from arsenic numbered 135; from phosphorus, 180; verdigris, 15; sulphuric acid, 22; sulphate of copper, 63; cantharides, 10; but only 6 from laudanum, and 1 from morphia. [A few years back, in England and Wales alone, 640 inquests were held on persons who had died from poisoning; of this number, 194 were cases of poisoning by opium or its preparations, viz., 133 from laudanum, 42 from opium, 12 from Godfrey's cordial, 5 from syrup of poppies, and 2 from mixtures containing opium. In this colony, deaths from laudanum are not infrequent. In France, the sale of opium and its preparations is controlled by law. In this country there are no restrictions on the sale of laudanum and opium. The consumption of chlorodyne in the colony is very great, large quantities being taken secretly by females as a substitute for drink; and many cases of poisoning occur from it without being recognised.]

POISONING BY PUERPERAL BLOOD INJECTED INTO THE VEINS OF ANIMALS. BY M. COZEL.—Three rabbits inoculated with puerperal blood died with convulsions and spasms of the respiratory muscles, as if from strychnine. Two of them uttered plaintive cries before death, like animals inoculated with putrid blood. He states that he never saw the same effect produced by inoculation with the blood of patients suffering from scarlet fever. The puerperal blood taken from different parts of the body showed, under the microscope, an aug-

mentation of white corpuscles; the red globules, generally altered in shape, exhibited an abundance of fibrinous tracks. The lungs were dark-coloured, and in places ecchymosed; they presented more resemblance to the state observed in asphyxia than in inflammation; no signs of the latter could be discovered by the microscope. The spleen was dark-coloured, and gorged with blood, which presented all the alterations mentioned above. These were the only organs altered.—*Gazette Medicale de Strasbourg.*

BRAZILIAN ANTIDOTE AGAINST THE BITES OF VENOMOUS ANIMALS: BY DR. CASTRO.—There is a plant in Brazil called Paracory, which the Doctor believes to belong to the *labiata*, and which has long been considered an antidote against the poison of insects, snakes, and fish. It is made into a tincture and applied to the bites, and given internally. He found it of service in diseases of the skin and for increasing the efficacy of mercury in syphilitic diseases, and a powerful sedative in hooping cough and asthma.—*Gazette Medicale de Bahia.*

CONSUMPTION IN BRAZIL. BY DR. WUCHERER.—From this gentleman's researches it would appear that consumption, particularly at Bahia, has been increased by the introduction of strangers, by the crowding of people into the towns, and the drinking large quantities of spirits and fermented drinks. The increase of smoking, he considers a cause of this disease. When Brazil was only colonised by Portuguese, the number of deaths from phthisis did not exceed those which occurred from this disease in the mother country. The introduction of other immigrants, particularly Germans, and the admixture of African blood with the European, produced a great tendency to this disease.—*Ibid.*

CASE OF ACUTE PHLEGMONOUS OSTEO-PERIOSTITIS OF THE RIGHT TIBIA—DEATH ON THE THIRD DAY.

BY DR. BECKEL.

The patient, a strong healthy lad, aged twelve years, struck his leg slightly while dancing. The next morning, on attempting to rise, he felt great pain in the upper part of the tibia; slight swelling was observed and some fever. Five leeches were applied. On the second day the swelling had extended down the whole length of the tibia, with great heat of the part, and there was slight delirium. By the third day the pulse had risen to 120; skin hot, with great swelling of the tibia. The slightest movement of the limb caused him to utter loud cries. In the evening he became insensible and pulseless. An incision was made down to the bone; a little blood flowed, but no pus. He died a few hours later. When an incision was made through the periosteum a large quantity of reddish sanious fluid escaped. The

tibia was separated throughout from the periosteum, except at the junction of the shaft with the head. The bone had a marbled appearance, and in some parts there were traces of commencing necrosis. The medullary portion was yellow and fatty, and in two places small clots of blood were discovered. The rest of the body was not examined.—*Gazette Medicale de Strasbourg.*

Observations.

Acute idiopathic inflammation of bone is very rare, and books on systematic surgery may be consulted without finding any notice of it. Barwell, in his very valuable work on Diseases of the Bones, describes the symptoms, and they closely resemble those observed in this case. "The bone," he says, "is the seat of intense pain and hard swelling; the skin is red, except when the bone is deep-seated, but it is always hot when the inflammation is extensive. The pain exhausts the patient, and renders him comatose or semi-comatose. Low, muttering delirium appears early; the tongue is dry and brown; the limb is held immovable; the swelling becomes softer, and shows evidence of suppuration, and except when deep seated, as at the femur, fluctuates."

The writer has seen it occur in connection with acute phlegmonous erysipelas of the thigh. In this case the muscles were softened and infiltrated with sero-purulent fluid; the periosteum was thickened and separated by a similar fluid from the bone which was necrosed; the bone was injected, and generally of the colour of port wine lees.

The lungs were infiltrated with dirty sero-purulent fluid; the cavities of both sides of the heart distended with fluid blood, the spleen diffident, and the brain softer than usual. These were the chief alterations observed. The patient died asphyxiated.

The following case resembles the one published by Dr. Boeckel, but it was traumatic, not idiopathic.

A girl of the town, aged 17, was knocked down by a cab, and the tibia and fibula fractured. She was brought into the infirmary, and for the first four days did well. Fifth day, slight fever observed, the pulse had risen to 120, tongue coated, and face anxious. The fever increased and, in the night of the seventh day, delirium and vomiting set in. The leg was very much swollen and tender, and when touched, she uttered loud cries. The limb was placed on a cushion and retained in position by sand bags. The symptoms underwent little alteration; but coma, not very profound, alternated with delirium, which assumed a muttering character up to the tenth day, when the left elbow and right wrist were observed to be swollen. The tongue was coated with brown fur, pulse 130, feeble, eyes sunken and

surrounded with dark circles, face of a leaden aspect, motions and urine passed involuntarily. She died in a state of coma the next day.

The soft parts were infiltrated with fluid, and, in the neighbourhood of the fracture, with sanious matter and some clots. The periosteum was separated from the tibia for some distance by sanious matter; the bone was roughened, its medullary surface was dark and softened; purulent collections were found in the lungs, liver, and kidneys. The pleuræ, pericardium, and arachnoid cavity contained sero-purulent fluid; the spleen was gorged with dark blood and softened.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

To the Editor of the Australian Medical Gazette.

SIR,—In the last number of the *Australian Medical Journal*, Dr. Rudall complains of the editor attacking him most offensively in reference to his observations on the attendance of the University students at the Melbourne Hospital.

As a humble member of the profession, I beg to thank Dr. Rudall, and I heartily agree with him in his honest and manly protest against the foul and abusive language used towards the profession, or any "section" of it, by the editor of that journal, in his notorious article, headed "Demi Wolves," in which he denounces and vilifies, in the most scurrilous manner, those members of the profession who had the courage to prevent him "putting money into his own purse" at the expense of the hard-working members of the profession.

In refusing to be dictated to by a person who could write, and insert in a scientific journal, such vile and villanous slang as this article is composed of, Dr. Rudall deserves the best thanks of every reputable member of the profession; and I trust he will not allow himself to be deceived by the paltry and unmanly attempt of Mr. Editor to excuse himself by his supposed discovery of the Beaney trial conspiracy to injure Dr. Rudall's reputation as an honorable member of the profession. In my opinion, this excuse is more offensive than the language first made use of. Dr. Rudall may well say "save me from my friends." This is the first time I, or I believe any other person, heard of "a vile conspiracy to injure his reputation," or any "attempt to fasten upon him the imputation of incompetency and something worse."

These assertions or accusations, true or untrue, Dr. Rudall must thank the editor of the *Australian Medical Journal* for being the first to announce to the public.

I am, Sir, yours, &c.

FAIR PLAY.

POISONOUS DYE IN RED SILK SOCKS, STOCKINGS, AND VESTS.

To the Editor of the Australian Medical Gazette.

SIR,—The attention of the profession in France has lately been drawn to an eruption which persons wearing red silk socks have been suffering from. It may not be generally known that the dye used is called coralline;* and as it is very brilliant, it is not unlikely to become a favourite, if goods dyed with it find their way to the colony.

Those who have worn these socks have suffered from severe redness and swelling of the feet, followed by a crop of little watery vesicles, which, on the soles of the feet, have a tendency to become as large as peas, and contain matterly fluid.

Ulcers of considerable size have followed the breaking of the vesicles on the soles of the feet, and proved very difficult to heal. With the eruption there was considerable fever, headache, loss of appetite, nausea, and, in some cases, delirium. The eruption was confined to the parts covered by the socks. When coralline was injected under the skin of animals, it was found to act as an irritant poison on the parts with which it was brought into contact, causing severe inflammation and suppuration, and by becoming absorbed, producing inflammation of the organs in which it was deposited.

There can, therefore, be no doubt but that coralline is a very energetic poison. At present we have no recorded instance of its having produced any decided poisonous effect on the human subject; this may possibly depend on a sufficient quantity not being absorbed into the body.

But if wearing silk stockings dyed with this substance can produce such severe symptoms as those just named, larger garments may be expected to produce an eruption which would no doubt puzzle the profession to determine its nature, whether chicken-pox or small-pox, and perhaps destroy life before the cause could be discovered.

Yours respectfully,

June 12, 1899.

C. E. REEVES, M.D.

* CORALLINE (*corallium*: *κοραλλιον. κορη*) is one of the new bodies which chemists are constantly discovering. It is formed by the action of ammonia on rosolic acid. Boiling alcohol extracts it from silk and other fabrics, leaving them of a pale peach colour. The application of ammonia or solution of potash deepens the colour, and this distinguishes it from all other reds of an organic origin.

A MEDICAL "EXPERT" IN TROUBLE.

THE circumstances detailed in the following extract from *The Lancet* of the 10th April, bear a striking resemblance to the recent Medico-legal proceedings of the city coroner's professional "expert," at Emerald Hill, upon which, at the time, we considered it our duty to comment in plain terms. It is matter of regret that a noble profession should have discredit brought upon it by a few men suffering from the "*auri sacra fames*." We have not heard whether the young women, whose persons were outraged under similar circumstances at Emerald Hill, intend bringing an action for indecent assault:—

"A case involving the question whether a surgeon is justified in conducting an examination of a patient 'at the request of the police, even with consent of the patient,' should any pressure be brought to bear upon the latter, will be tried at Hitchin, on the 19th of May next, having been postponed at a court recently held. The facts are briefly these. An infant, newly born, was deposited at Hitchin on November 2nd, under the doorway of the Infirmary. Suspicion fell upon a certain woman and her daughter; and the police inspector took with him a medical practitioner, 'explained the necessity' for an examination, and retired. The medical man made the examination, and with the result of finding not a particle of evidence in support of the suspicion which had fastened upon the mother and daughter. In order fully to vindicate her character, and that of her daughter, Mrs. — has brought an action against the inspector and doctor for trespass and assault. The trial, as before observed, has been postponed."

Medical News.

THE Medical Society of Victoria held its monthly meeting on the 2nd instant, when a paper on colonial fever was read by Dr. Hunt, of Fitzroy.

A MEDICAL commission, consisting of Drs. Mc'Crea, Paley, Barker, Girdlestone, and Graham, has been appointed to inquire into the state of mind of James Ritson, now awaiting trial for the murder of the Rev. Wm. Hill.

OVARIOTOMY AT THE MELBOURNE LYING-IN HOSPITAL.—Jane Davies, aged 39, the wife of a farmer residing at Forest Creek, died of exhaustion on the 22nd May, at the Melbourne Lying-in Hospital, fifty-six hours after the performance of ovariotomy, by Dr. Tracy, for ovarian disease of about eleven months duration. This woman, who had been previously tapped three times, had borne six children.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: TUESDAY, JUNE 15, 1869.

THE Melbourne Lying-in Hospital, established some twelve years since by the late Dr. Maund, assisted by Dr. Tracy, has already attained the respectable proportions of an important public charity; 563 intern and 974 extern patients having been attended therein during the past twelve months.

The object of the present article is not to scrutinise too closely the motives of its medical promoters, whether these gentlemen were actuated by public considerations or private interests, but rather to inquire if this institution is being conducted in the mode most conducive to public utility and the promotion of medical science, now that it is subsidised out of the public purse. Whatever may have been the shortcomings of the medical founders of this charity, they, at all events, did not lay themselves open to the charge of neglecting their own interests, since they took good care to have their own appointments made for life, and to cause the technical requirements for the honorary medical staff to be so framed as to harmonise with their own qualifications, and of so exclusive a character, as to render ineligible for the position of honorary medical officer the great majority of the profession. Were any proof of the extreme exclusiveness displayed in the medical legislation of this institution required, it is sufficient to state, that such men as Baker Brown, and Spencer Wells, of London, and other equally eminent members of the profession, who have achieved a world-wide reputation as obstetricians and writers on the diseases of women, would be ineligible for the appointment of honorary medical attendant to the Melbourne Lying-in Hospital. We hope we do no injustice to the honorary staff of this institution when we state, that these gentlemen are only students and followers in comparison with the eminent men to whom we have alluded.

The tenure of office of the present medical staff is extremely anomalous—one of the two being *appointed* for life, and the other *elected* for five years. The latter period we think

quite long enough. No honorary officer, no matter what his self-assumed merits or importance, is justified in saddling himself for life on any institution supported at the public expense, such conduct betraying unmistakable symptoms of selfishness, as well as a want of confidence in the supporters of the institution. Why should any office bearer deprive for an indefinite period the subscribers to the institution of the power to elect any other officer, or to import new blood into the staff? We fear it is too much the fashion for the staffs of our public charities to regard the latter almost in the light of their private property. A moderate tenure of office is infinitely preferable for the interests of public institutions. Such a system maintains a wholesome feeling of responsibility, and tends to prevent many abuses. Officials appointed for life, or for a long term of years, are too apt to slumber at their posts, to be impatient of control, if not inclined to dictate to a governing body annually undergoing changes; an undesirable state of things, by no means calculated to promote the efficiency or the good government of charitable institutions. A period of five years is sufficiently long for all honorary officers: at the expiration of which, any officer who has fairly performed his duty will be almost certain of re-election. To elect office bearers either for life or for a long term of years, is in effect for the public to surrender all control over institutions supported at the expense of the community. We hope we have said sufficient to convince any reasonable person of the impolicy of sanctioning a long tenure of office.

The number of the honorary medical staff is obviously inadequate to the requirements of the institution. No fine-drawn arguments are needed to prove that restricting the number of honorary medical men to two is prejudicial to the interests of the charity, as well as injurious to the public welfare and detrimental to the progress of medical science. No person will have the hardihood to affirm that the present honorary attendants, or any other two medical men, possess a monopoly of professional ability or acquirement, or that the institution would not be benefited by having the number of the honorary staff augmented from two to four; at least, both the public and the profession would be gainers by having the experience afforded by this institution diffused more widely amongst the profession. An honorary staff of two persons is so manifestly inadequate,

our readers will not be surprised to learn that, upon a recent emergency, the services of neither of these gentlemen were available, owing to the absence from the colony of one and the illness of the other; and that, in consequence, a patient attacked by one of the many formidable dangers to which puerperal women are particularly liable, died in the hospital without having been visited by either of the honorary medical attendants. Such an unpleasant and painful occurrence, and which with the present restricted staff may again occur, could not have happened had the staff been as numerous as the dictates of common sense require.

The management of this institution devolves, we believe, on a committee of ladies and a committee of gentlemen, meeting periodically for the transaction of business and the general supervision of the hospital. Who is responsible for the extraordinary state of things existing for some years with regard to the legal status of the charity we are unaware. On the 19th December, 1864, in accordance with the provisions of the "Hospitals and Charitable Institutions Statute," the Governor in Council declared this institution incorporated under the title of the "Melbourne Lying-in Hospital and Infirmary for Diseases Peculiar to Women," but up to the present moment the measures necessary to give effect to the provisions provided by law for the government of incorporated charities have never yet been taken. No meeting has been called for deciding the number of the managing committee and of the medical staff, and for electing the same, nor for effecting any of the other matters required by the Act. Is it possible that the two committees and the whole body of subscribers are ignorant that, for nearly five years, the affairs of this institution have been carried on in defiance of legal enactment? or can it be that they are aware of such illegality, and from carelessness, or sheer want of vigour, lack the necessary determination to remedy so dangerous and undesirable a state of things as are involved in a total disregard of legal requirement? We hope the determining the number of, and electing the honorary medical staff, is not the real obstacle; but whatever it may be, such bungling or culpable negligence is neither creditable to the management nor devoid of peril to the institution.

Whenever the public meeting of the sub-

scribers, for deciding the number and electing the managing committee and medical staff is convened—the holding of which cannot much longer be deferred, as no time should be lost before procuring the sanction of law for the affairs of the institution—we would impress on the subscribers the imperative necessity of increasing the number of the medical staff to four, and of fixing the tenure of office at not longer than five years, alterations which are essentially necessary to the welfare and prosperity of the charity, in order that a larger staff may be available for assistance and consultation in difficult and dangerous emergencies, as well as during the absence or illness of any of the honorary staff, that the experience obtainable in this institution may be rendered more accessible to the public; that the subscribers may have an opportunity, periodically if necessary, of infusing new blood into the staff; that a wholesome feeling of responsibility may be maintained, and that the medical staff may not degenerate into a private monopoly.

It is stated, but we hope erroneously, that the honorary secretary has been aware for some time that the affairs of this institution were being conducted without legal sanction, but nevertheless, up to the present moment, no steps have been taken to conform to the requirements of the law.

A statement regarding the mortality in this hospital was made with some ostentation at the last annual meeting, to the effect that the deaths since its foundation averaged only one in eighty-three; a result alleged to be equal to the best private practice, and smaller than the mortality of any similar institution. On referring to the statistics of the Queen Charlotte Lying-in Hospital, London, for last year, published in the *Lancet*, 20th February, 1869, we find it stated that the deaths in that institution, from all causes, during 1868, were only one in ninety-three; whereas the deaths in the Melbourne Lying-in Hospital for the same period were one in seventy-four. Perhaps some allowance should be made for the inordinate self-esteem so characteristic of new and small communities.

"HONORARY" HEALTH OFFICERS.—The Fitzroy Borough Council have presented an illuminated address to Dr. Tracy, on his resignation of the honorary health officership of that borough, which he had held for thirteen years. Although it is always agreeable to chronicle the good opinion

and kindly feeling of the public towards our profession, we still think that such appointments as "honorary" health officerships are altogether a mistake. If the efficient discharge of the duties appertaining to the officer of health involves time, trouble, and professional knowledge, we think the gentlemen performing such important functions should be adequately remunerated for their services. On the other hand, if these appointments are sought after merely as the means of obtaining a certain amount of prominence for the incumbent of the office, at the least possible performance of duty, we venture to think such conduct is as injurious to the public as it is unjust to the profession. There is some excuse for gratuitous services in connection with charitable institutions; but none in the case of municipal councils, which have the disbursement of large funds. Were it not for the absurd and ruinous competition of medical men, which we hope soon to see at an end, no borough would object to paying fifty or one hundred a year for the efficient performance of the onerous and important duties of health officer.

Review.

A MANUAL OF THE OPERATIONS OF SURGERY, FOR THE USE OF SENIOR STUDENTS, HOUSE-SURGEONS, AND JUNIOR PRACTITIONERS. Illustrated. By Joseph Bell, F.R.C.S., Edin., Lecturer on Surgery; Assistant Surgeon, Clinical Wards, Royal Infirmary, &c., Edinburgh. Second Edition, Revised and Enlarged. Edinburgh: MacLachlan and Stewart. London: Robert Hardwicke. 1869.

Genius is by no means hereditary. It does not follow, though a man may have highly distinguished himself in any department of science or literature, that his descendants shall resemble him. And yet, whether from inherited gifts and proclivities, or from pride of family traditions, there has never been wanting among the descendants of the famous Sir Charles Bell, a surgeon of at least respectable attainments. At the present moment he has as his representative a Lecturer on Surgery in the Edinburgh School, the author of the work before us—which, if it does not add lustre to the name of Bell, certainly does not disgrace it.

But disclaiming all bias from the author's relationship to Sir Charles Bell—a circumstance, by the way, which is nowhere stated in his book—we must judge of the work on its merits.

We may say frankly that we like it. It is a convenient octavo of some 300 pages, clearly and somewhat ingeniously illustrated, and creditably got up.

It is Dr. John Brown, if we rightly remember, who says of Mr. Syme that he never wastes a word any more than a drop of blood. And our author, who is Mr. Syme's assistant, and of whom, judging from the almost too frequent and admiring references to him, he is a most attached disciple, has in this respect followed him closely. So much so that he runs the risk of being too brief in some of his descriptions.

But it is just this strict adherence to the law of parsimony—this avoidance of tedious and rhetorical descriptions of operations, and the omission of such operations as are of doubtful utility, or have been proscribed, that gives this work its distinctive character and value.

Verbose descriptions are avoided. The language is simple, direct, clear, and forcible. There are no rhetorical flourishes nor dragging in of extraneous matter, nor enlargement on unimportant details, which divert attention from the really important points in an operation.

Operations of doubtful utility, or obsolete, are not introduced at all. The reader is not confused by great variety of operations. He is not presented with a catalogue of all the operations that have ever been attempted, but with a judicious selection of such operations as are in most frequent use, and whose value has been approved by the most experienced surgeons.

This Manual holds an intermediate place, on the one hand between manuals of minor operations of surgery, such as those of Heath; and on the other, the more pretentious and exhaustive works of Skey and others. It differs from the former, in presupposing some considerable familiarity with operations, and in describing chiefly capital operations; and from the latter in being less exhaustive, giving far fewer operations, or rather, varieties of the same operation.

"Though intended," says Dr. Bell, in his preface, "chiefly for senior students, and junior practitioners, the author ventures to hope that the manual may be useful to those who, in the public services, in the colonies, or in lonely country districts, find themselves constrained to attempt the performance of operations which, in the towns, usually fall to the lot of a few hospital surgeons."

To such we think this Manual admirably suited. As a guide to students in the dead-house we do not know its equal; and, as a companion to the practitioner in the bush, it will be found invaluable.

THE NOVA-SHOTIAN GIANTS.—There is at present being exhibited in London a young woman named Swan, from Nova-Scotia, who is eight feet in height, and otherwise made in proportion; her age is said to be only twenty years.

Medical Annotations.

HYPOSULPHITE OF SODA IN AGUE AND TYPHOID FEVER.

By T. F. SANGER, M.R.C.S.,

Surgeon to the Convalescent Hospital, Seaford.

THE theory of the cause of ague and typhoid fever being due to the germs of a fungus having entered the system appears to me to be proved by the following cases.

In the spring of 1868, I had a very intractable case of ague in a boy eleven years of age, which resisted all the remedies usually employed in the treatment of that disease, these being given until the boy said his stomach could not bear any more. Following out the fungus theory, I gave the patient a scruple of the hyposulphite of soda three times a day, which in a very few days got rid of the ague, and he has never had it since.

In the autumn, three sisters and the mother of the lad became the victims of a very bad tertian ague, which resisted the administration of emetics, quinine, bebeerine, and arsenical solution, but gave way to a very few doses of the hyposulphite of soda.

I have since tried the hyposulphite in a few cases of typhoid fever, and with beneficial results similar to those attributed to the sulphurous acid by Mr. Robert Hamilton in a paper on Typhoid Fever in *The Lancet* of Jan. 9th.

The hyposulphite of soda I administer in doses of from fifteen to thirty grains three or four times a day (according to the ages of the patients), in water, with syrup of lemons or tolu. It does not produce any nausea or relax the bowels.

I mean to administer the hyposulphite of soda in large and frequent doses to the next patient I have with diphtheria, and I anticipate similar favourable results.—*The Lancet*.

THE DRUNKARD'S OFFSPRING.

THERE is no more important problem in medical science than that of the production of physical degeneracy in children by the intemperance of parents, and it is one peculiarly appropriate for discussion at the present time. A novel point in the consideration of this subject was brought under the notice of the Pathological Society by Dr. Langton Down. This gentleman exhibited a case of arrest of development and growth in a child five years of age, who had only the intellectual condition of one of nine months. She weighed 22 lb., and measured 2 ft. 3 in. There was no deformity, but the child preserved its infantile character. Dr. Down called attention to this case as a typical one of a species of degeneracy of which he had seen several examples.

They all possessed the same physical and mental peculiarities; they formed, in fact, a natural family. He had known them to live to twenty-two years, still remaining permanent infants—symmetrical in form, just able to stand by the side of a chair, to utter a few monosyllabic sounds, and to be amused with childish toys. Dr. Down (who naturally, from large and rare experience gained at Earlswood, speaks with peculiar authority on such a matter) had found so close a resemblance between the instances, even to the extent of facial expression and contour, that he had been led to regard this variety of degeneracy to have unity of cause. In several cases he had had strong grounds for holding the opinion that these children were procreated during the alcoholic intoxication of one or both progenitors. In the case presented to the Society there were no antecedent hereditary causes of degeneracy to be discovered. The first child was healthy; then the husband became an habitual drunkard, and there is reason to believe that the second and third children were begotten during intoxication, and they were both cases of this peculiar arrest of growth and development.

The husband then entered on an industrious and sober career, and the fourth child, now fifteen months old, is bright and normal in every respect. Dr. Down pointed out that these cases were an entirely different class from those which arise from being the offspring of parents who had become degenerate from chronic alcoholism. The question here broached is a very important one for the physician and the philanthropist.—*Lancet*.

LARGE LUMBAR AND SUBSEQUENTLY PELVIC ABSCESS SUCCESSFULLY TREATED WITH CARBOLIC ACID.

BY BARNARD HOLT.

ELIZABETH C., aged 18, an unhealthy girl, who had acted in the capacity of housemaid, was admitted into the Westminster Hospital May 29, 1868, suffering from a large lumbar abscess of the left side. She stated that on December 11, 1867, she had fallen downstairs and injured her back, and that in a fortnight afterwards she noticed a swelling on the left side, which was so painful as to prevent her continuing her employment. She was admitted into St. George's Hospital, where, by rest and appropriate treatment, the swelling subsided, and in three months she left the hospital. She could not, however, return to her employment, and the swelling speedily recurred; the pain was now very severe, and extended down the inner side of the thigh to the knee; her general health was much impaired, and her nights sleepless. At the time of her admission a large abscess existed at the right side of the spine; this was

opened, and a considerable deal of pus was evacuated, the sac of the abscess being afterwards syringed out with a lotion containing ℥jss. of carbolic acid to ℥v. of water, Lister's dressing being applied to the wound. Cod-liver oil and iodide of iron were prescribed to be taken twice daily. The sac of the abscess under this treatment speedily granulated, but a sinus was left which required division, being afterwards dressed upon Lister's plan. At the end of seven weeks the abscess entirely healed; but another formed, dipping down deep into the pelvis, and subsequently a third, which pointed in the groin. One was opened, and the other burst. The same plan of treatment was adopted, simply substituting oil for water, the strength being one part carbolic acid to six of oil; this was daily introduced into the deep wounds, the carbolic paste being retained over the other dressing. This treatment was entirely successful. The patient progressed in the most favourable manner, and, with the exception of a sharp attack of erysipelas, had no further inconvenience; the wounds speedily healed, and she left the hospital perfectly well in December. During the whole time she was in the hospital a liberal diet with wine was ordered.—*Medical Times and Gazette*.

ARSENIC IN THE TREATMENT OF PULMONARY CONSUMPTION.

The clinical investigations of M. Moutard-Martin lead him to place considerable confidence in the employment of arsenic in the treatment of pulmonary consumption. He finds it more suitable to cases slowly progressive, than to such as are attended with fever. He has seen notable amelioration of the patient's condition from the use of arsenic, and in some cases actual suspension of the onward progress of the disease. He administers it in very minute doses, never exceeding two centigrammes, and considers perseverance in its use for a long time necessary to a favourable result.—*Gazette Medicale*.

DISEASES OF THE TEETH.

At a recent meeting of the Académie de Médecine, M. Delestre, a surgeon-dentist in large practice in Paris, drew attention to the "disturbances of vision consecutive to diseases of the teeth, and the operations performed on them," believing that the connexion subsisting between certain cases of impaired eyesight and bad teeth is of far more frequent occurrence than is supposed, and well worthy of the attention of the profession. These disturbances of vision, he observes, ordinarily consist in a mere weakness of sight, but may go on to its complete loss. There is generally dilatation of the pupil, without apparent organic

changes. In other cases, the defective sight is brought about by disturbance in the nutrition of the eye, caused by paralysis or reflex contraction of the vaso-motor nerves. Young persons are those chiefly affected. The teeth of the upper jaw, especially the molars, are almost exclusively the causes of these disturbances, which disappear with remarkable rapidity after the teeth are extracted. It is an error, therefore, to regard the connexion between the affections of the teeth and the eye as a mere popular prejudice.—*Medical Times and Gazette*.

INFLUENCE OF CLIMATE ON VENEREAL DISEASES.

THE evolution of syphilis, according to M. Lagneau, would be less rapid in cold than in warm countries, at Christiana than in France, in France than in the tropical regions. Gonorrhœa, very common in the United States, less so in China, would scarcely manifest itself amongst the natives of Algeria and the Levant, except those in contact with Europeans. Syphilitic maladies should be cured less readily in cold than in warm countries, and easily with the negroes.

When two races come in contact in the same country, syphilis falls most severely on that which previously had been least subject to it.

Individuals who contract syphilis in any country would find its effects to amend in a warmer climate, and to be aggravated in a colder one.

Syphilis, though universally diffused, would seem unable to establish itself permanently in Iceland, situated almost under the polar circle. According to Livingstone, it would be spontaneously cured in the interior of Southern Africa.—*Jour. de Med. et de Chir. Prat.*

THE DECOLORIZATION OF TINCTURE OF IODINE.

By WM. H. DAVIES, M.D., M.R.C.S.E.

As much has lately been said and written on this subject, it may not be uninteresting to add a suggestion or two to the store of knowledge already communicated. The methods proposed are so familiar to all, having been fully discussed in late periodicals, that I need do no more than mention them; yet, in my opinion, they do not really give us what we desire. The process by the action of carbolic acid and glycerine has its disadvantages, in being somewhat uncertain, and requiring more time for its successful completion than is desirable; the other process, by the addition of hyposulphite of soda, although undoubtedly hastening the action, in many cases causes a deposit of metallic iodine.

The ordinary soap liniment seems to me to accomplish what we wish to attain better than

either of these processes. True, it does not actually decolorise the iodine, yet it possesses the great advantage of enabling us to rub it freely into the skin, without the characteristic colour of iodine being imparted to it; and thus we can use iodine as an external application where the antipathies or caprice of patients would otherwise present a formidable barrier to its use, were it employed in the ordinary way.

As a liniment, one part of tincture of iodine, one of glycerine, and two of soap liniment, may be used for a long time without producing much cutaneous irritation, or any characteristic decolorization. Stains caused by the accidental application of tincture of iodine may be at once removed by the use of soap liniment.—*California Medical Gazette*.

PROSTITUTION IN BERLIN. — Dr. Strassmann states that in the Prussian capital there are, first, 905 prostitutes under the immediate control of the police; secondly, 10,860 well known to the authorities, though not actually registered; and 12,090 under police supervision, although not on the books; total, 23,855. It is reckoned that Berlin harbours one prostitute out of 29 inhabitants, or, more exactly, 3.5 per cent. of the population. If in the latter women alone are reckoned, we find 7 per cent. of unfortunates; and if the female population is restricted within the ages of fourteen and sixty, prostitution is shown to amount to almost 11 per cent.—*The Lancet*.

We are fairly puzzled, we do not mind owning it, for our brethren over the water are not always very easily understood. We have received two journals, the one called the *Victorian Medical Gazette*, No. 1, published Jan. 15, 1869, the other, also No. 1, the *Australian Medical Gazette*, containing certain portions of matter, identical even to the errors with that of the other. This was published on Jan. 30. Which is which, and what the two are intended for, we do not pretend to be able to comprehend.—*Medical Times and Gazette*.—[We beg to state that there is no such publication as the *Victorian Medical Gazette*, a number of the *Australian Medical Gazette* having been issued under that name before final arrangements for publication were completed, in consequence of which many inaccuracies, as well as an error in the name occurred.]

* "ENTHETIC" disease must be fearfully rife in Jersey if the Constable of St. Helier's is to be believed. In a debate in the Jersey States on Friday last, this gentlemen said, in effect, that syphilis was making such inroads on the population, that the Jersey or Norman race threatened soon to die out.—*Medical Times and Gazette*, Feb. 27, 1869. [* *Ενθητικός*, inoculated; *Ενθηγμα*, an euphemism for syphilitic.]

SMALL-POX.—In addition to those which we have previously reported, four new cases of this disease have occurred in the children of a family named Cohn, residing at the Flemington-road. Although officially stated to be varicella, there can be little doubt that the malady is small-pox modified by previous vaccination, so well described under the name of "varioid disease" by Sir Thos. Watson, for although the illness of these children, whose ages vary from three to thirteen years, was not severe, the symptoms were of such a character as are only reconcilable with those resulting from the poison of variola; the eruption was pustular and umbilicated, there was sore throat, the characteristic odour of small-pox was distinct and the crusts did not fall off until some fifteen or twenty days after the eruption. The preliminary fever was well marked in some of these children, slight in others.

A NEW "SENSATION."—In a description of the transformation of St. George's-hall into Weston's new Opera-house, the *Argus* of 31st May contains the following remarkable passage:—"The expectations derived from a previous visit were then amply justified, for rarely before in Melbourne has a place of entertainment been made so elegant and attractive to the eye, and so comfortable to the other sensations of an audience." We were not previously aware that eye was a "sensation."

IODINE AND ACONITE IN PERIODONTITIS.—Professor Abbott writes:—"The best remedy, and the one that works the most conveniently for periodontitis, I have ever used, is a mixture of equal parts of officinal tincture of iodine and tincture of aconite root applied to the gum around the roots of the tooth with a camel's-hair brush, or a portion of cotton-wool at the end of a stick. I have been using it for a year, and have not found it fail. I apply it, in the early stages of the inflammation, once in the twenty-four hours, and in very severe cases twice.—*Boston Journal*."

MUTILATION.—The London Medical journals, from which we extract the following particulars, record an extraordinary instance of mutilation perpetrated by a woman on her husband. The victim, a young man, had been admitted into Guy's Hospital under Mr. Hilton; the woman having previously tied the man's hands behind his back, it would appear, grasped the genital organs with one hand, and while making traction, removed with a knife the entire scrotum, one testicle, and the whole of the integument of the penis, leaving the latter otherwise uninjured, and the other testicle hanging by the spermatic cord. An attempt to gouge out the man's eyes has resulted, it is thought, in the sight of one of them being destroyed.

HOSPITAL ADMINISTRATION.—We make the following extract from a communication addressed by Dr. Buckle to the *Medical Times and Gazette*. "Notwithstanding the opposition, the points I have so long been working for, and sparing neither time nor money to carry, have at last been adopted, and we may now hope soon to see proper and uniform reports issued, drawn up in so clear a manner that the public can check the expenditure of their money; the accounts carefully supervised by a Government official, public auditor, a committee, or some central directing body; the working Medical officers remunerated; some check put to indiscriminate Medical almsgiving; the income of the general Practitioner more rarely trenched upon by persons who, though able to pay for treatment, are tempted to seek assistance from some puffing special charity; the pauperisation of the working classes lessened by making them feel the necessity of self-reliance."

CÆSARIAN OPERATION BY THE CLERGY.—This has now been so often executed by priests in Belgium, under the hope of baptising living infants, that it has excited general attention, and no little indignation. In one case, at least, the woman operated upon was not even pregnant, and in none was there any security that the certainty of death had been verified by competent persons—in fact, the operation seems to have been resorted to entirely unsanctioned by the presence of a medical man. In one case a priest was prosecuted and condemned to a month's imprisonment, but the sentence was annulled by the *Cour de Cassation*, on the ground that the law punished any violence offered to a corpse after sepulture, but was silent in respect to one that had not been buried. This case formed the chief ground of M. Vlemineckx' application to the Legislature, demanding that all persons, save medical men, who are alone competent to judge of its propriety, should be interdicted from the performance of the operation.—*Medical Times and Gazette*.

DR. MAURICE COLLIS, Surgeon to the Meath Hospital, Dublin, died in that city on the 28th March, after a few days illness, from pyæmia, the result of a slight scratch received while operating on the upper jaw. Dr. Collis, who had been in delicate health for some time previously, was in his forty-fifth year.

Marriage.

KENNEDY—BURROWS.—On the 1st May, by the Rev. A. J. Campbell, D. M. Kennedy, M.D., Ed., &c., of Inverleigh, to Annie Piccaver, eldest daughter of J. Burrows, East Bellarine.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 114).

PRACTICE OF QUARANTINE IN THE NORTHERN PARTS OF EUROPE.—QUERY IV.

"Can you procure a tabulated list of all the vessels put in quarantine in the port of — during the last three or four years, if not for so long a period, then those for the last twelve months?"

Unfortunately, replies have not in all cases been satisfactory; although they might have been highly useful in affording exact statistical information as to the working of the system in different countries—such information was obtained from Constantinople, Port Mahon, Marseilles, Trieste, Leghorn, Alexandria, Lisbon, Riga.

Bordeaux.—The foreign arrivals, from the beginning of 1854 to the middle of 1859, were 1700—of which 152 were quarantined. The duration of quarantine was from three to four days; but even that short detention had been, in several instances, reduced, by order of Government. Two ships had pratique granted after purification, although there had been cases of yellow fever on board during the voyage.

A vessel having a foul bill of health from Lisbon, where yellow fever was raging, was quarantined for three days.

Brest.—Before December, 1850, quarantine was frequent, rigorous, long, and expensive, on slight grounds. Since the reorganization of the service on its present footing, only fifteen ships of sundry nations, and from divers places, have been put under quarantine.

Marseilles.—In 1855, 55 vessels were quarantined.

| | | | | |
|-------|----|---|---|---|
| 1856, | 72 | " | " | " |
| 1858, | 60 | " | " | " |
| 1859, | 50 | " | " | " |

Of 365 vessels quarantined at this great station of France during five years, 333 were from having foul bills of health and suspicion of yellow fever.

| | | |
|---|---|---|
| 3 | " | plague. |
| 5 | " | cholera. |
| 1 | " | small-pox. |
| 1 | " | from the want of the French Consul's visé, on a Spanish bill of health. |

No further particulars communicated.

Hamburg.—Vessels with clean bills were detained for four and six days respectively, in conse-

quence of a death from apoplexy during the voyage.

The only instance where sickness occurred in any of the 179 vessels, while undergoing quarantine, was one from Rio Janeiro 57 days out, from alleged chronic diarrhœa, but in reality the disease was one of fatal dysentery. She was detained nineteen days.

Vigo.—In 1857 the number of vessels put in quarantine was 246, having 3,145 mariners and 1,951 passengers. The quarantine was chiefly on account of the existence or suspicion of yellow fever in the ports of departure in the West Indies or South America. The voyages varied from 20 to 100 days and more. The number of deaths on board the 224 vessels while at sea was 61, of which 31 were from yellow fever, in several different vessels; all the rest being from chronic disease—principally consumption.

Eight vessels were quarantined four days, on account of the presence or suspicion of cholera in the port of departure, after voyages from 30 to 40 days without sickness.

The number of vessels detained in the years 1858 and 1859 were respectively, 271 and 162, nearly under the same, or similar circumstances, as in 1857.

The want of duly formal bills of health, certified by the Spanish Consul, at the port of departure, was, on several occasions, the motive for rigour.

In June, 1859, Her Majesty's ship, "Firebrand," out twelve days from Plymouth direct, all well on board, had quarantine of ten days imposed. Having a mail from England, which had been previously opened on board, and the letters opened and dipped in vinegar, before the authorities would receive them into the boat for landing. She sailed from Vigo, in quarantine.

On the 23rd Sept., 1859, the English schooner "African," arrived at Vigo, from Teneriffe, having left London for that island, with a general cargo from Teneriffe; she was ordered to proceed to Vigo, to perform quarantine, because it was reported that cholera prevailed in London at the time of her sailing.

In October, 1859, two English vessels, from Glasgow, both having clean bills of health, the one bound for Oporto, and the other for Seville, put into Vigo, from stress of weather; the first having the Portuguese Consul's certificate, was at once admitted to pratique, but the second was quarantined three days, in consequence of the Spanish Consul at Glasgow having annexed to his certificate, that although cholera had disappeared from that port, and others, comprised in an area of 90 miles, all vessels were permitted to pratique, although coming from infected ports, provided there be no sickness on board.

At the same time several of the Peninsular and Oriental mail steamers were refused pratique, although having clean bills of health, because of the alleged laxity of the Governmental measures adopted in that port towards arrivals from the West Indies and the Brazils.

Genoa.—In 1858, 147 vessels performed quarantine, out of an annual average of between 3000 and 4000 foreign arrivals. All had foul bills, and, with the exception of a very few from Alexandria, Tunis, Algiers, and Malta, had come from some port in the new world, between Buenos Ayres and Charleston, with cargoes of sugar, coffee, and tobacco.

The quarantine imposed was generally from three to five days; in twelve instances it was from eight to fifteen days. In one instance, a vessel from St. Domingo, with a cargo of wool and hides, had lost four of her crew from fever during the voyage. As free pratique had been granted at Marseilles, she was quarantined for five days only.

Another vessel from Buenos Ayres, with hides and wool, was quarantined four days, having been previously detained two days at Marseilles, while the goods underwent purification in the quarantine ground for fifteen days.

CASES OF EXTRACTION OF CATARACT, RUINED BY FLASHES OF VIVID LIGHTNING.

By J. BERNCASTLE, L.R.C.P., LOND., &c.

Not having found any writer on Ophthalmology who makes mention of this occurrence, which happened twice in my practice in Sydney, in two successive years, I think it of sufficient importance to direct attention to it; so as, if possible, by taking proper precautions, to prevent it.

G—W—, æt sixty, a boatman from Wiseman's ferry, on the Hawkesbury, was admitted into the Sydney Eye Institution with double cataracts, hard, of three years standing. I extracted them both successfully, by the corneal section, in the usual manner. Six days after, on examining both eyes, they were healed; the pupils natural, and sight was perfectly restored, the smallest objects in the room being distinctly visible, he not having had either ache or pain during the whole week. The eyes were kept closed with plaister and shade, as usual. On my visiting him on the eighth day, he complained of the most acute pain—compared to the sensation of a penknife being thrust into the eyes—having suddenly seized him during the night, at 10 p.m., just at the time that a tremendous storm of thunder and lightning burst over the neighbourhood, in the immediate vicinity of the house, the mischief being distinctly traceable to that cause. The

pain in the eyes continued most acute all night; and on examination, the eyes presented all the symptoms of internal inflammation; curdled pus, such as could not have arisen from any other cause, filled up the entire anterior and posterior chambers, blocking up the pupils, and destroying all sight: the cornea had lost its transparency; but there was not much external disturbance, the damage was principally internal, and serious. No ordinary form of inflammation could suddenly produce such a total disorganisation of the entire ocular apparatus; the injury was distinctly traceable to the electric influence having entered the eyes through the corneal cicatrices, too recent to exclude it. Antiphlogistic treatment was adopted, and I had some faint hopes of being able, by the aid of absorption and artificial pupil, ultimately to gain for him a little sight, when, a fortnight after the first attack, a similar storm, not unusual in Sydney in the summer, came on in the night as before, and with a repetition of the acute stabbing pains, with fresh inflammation, supervening on the first, leaving both eyes a disorganised mass, completely destroying any chance of vision being ever restored; the patient returned to his home, totally blind from this unprecedented accident, which, during the many years I had charge of the Eye Institution, had never occurred before.

About two years afterwards, a poor shepherd came to Sydney from the country, having only one eye, rendered useless by cataract, the other had been long previously lost from accident. As he had no means, I admitted him gratuitously, extracted the lens favourably, and all was going on perfectly well for four days, when, on the fifth morning, he complained of intense pain in the eye, which he said came on suddenly during the night, immediately after the occurrence of severe thunder and lightning; he felt the flash of lightning distinctly enter his eye, like a penknife, describing all the symptoms exactly as the other man had done before; and on removing the plaisters, the eye, to my dismay, presented all the well-remembered appearance of the former case.

This left no doubt in my mind of the extreme danger to the eye from strong, vivid flashes of lightning, after the extraction of the lens by the corneal section, for at least the first two weeks, until the cicatrix is so consolidated as to prevent any chance of the electric influence entering the eye, and destroying the entire contents of the globe, something like the addling of an egg. I have ever since adopted the precaution of not operating, if I expected such weather, and if it came on after operation, to cause the patient to turn his back to the window, which should be well protected by shutters and thick blinds, or blankets, using such means likely to lessen the intensity

of the flash—a handkerchief might be tied over the eyes, until the storm is over. I have never found any ill effects arise from the ordinary fugacious form of summer lightning, and should only apprehend the dangers here alluded to, when, as in these cases, a thunderstorm of great intensity breaks over the neighbourhood, in the immediate vicinity of the patient, whom, from my experience of these two cases, I should consider, for the first two weeks at least, exposed to great danger from such a cause.

ON THE VALUE OF HYPODERMIC INJECTIONS, WITH A REPORT OF A FATAL CASE FROM THE USE OF MORPHIA AND ACONITE.

THE researches of Eulenberg (*Die Hypodermatische Injection der Arzneimittel*) and those of the committee appointed by the Medico-Chirurgical Society of London, with various detached observations, have done much towards determining the value of the hypodermic mode of introducing medicines into the system. M. Denis, in a thesis ("Thèse de Strasbourg," 1867-8, No. 116) on the subject, says that serious local accidents may result, as abscess, or phlegmonous inflammation, from some injections, and from the use of an unclean instrument. He considers water the best solvent for the medicines employed hypodermically, although glycerine, diluted with water, answers very well. He found that iodide of potassium could be detected in the saliva four minutes after it had been injected. The maximum of rapidity of absorption he found to reside in the temples; the minimum, in the foot and back. It was chiefly from narcotics, as morphia and atropine, that any valuable results were obtained. Excitants, astringents, alteratives, were of but little value, and their use was abandoned, with the exception of quinine, which was employed half an hour before the access of ague with decided benefit, although it had been previously given by the mouth without success. Neither narcotine nor narcein was found as efficacious as morphine. He speaks of the great danger which follows the use of morphine injections in prolonging the effect of chloroform. The injection of atropine, no matter how small the dose, was apt to be followed by unpleasant symptoms.

The writer would wish to draw the attention of the profession to the fact that a fatal result may follow the use of morphia and aconite. The patient, a strong, healthy miner, consulted him for sciatica of nearly twelve months existence, for which he had been cauterised, and undergone different kinds of treatment, without relief. A quarter of a grain of morphia, with five minims of tincture of aconite of the London Pharmacopœia, was in-

jected into the areolar tissue of the hip, with marked relief to the pain for a time. The quantity of morphia was increased to half a grain, and the aconite to seven minims, and always with relief for three or four days; and the pain, when it returned, was very much mitigated in severity. The chemist sent some of Fleming's tincture in mistake. The same quantity as before was injected, and he said he felt more relief than usual. The writer heard nothing of him for ten days or a fortnight, when he was informed that about an hour after leaving his residence he was taken ill with a kind of fit, which the medical man who was called in to see him considered to arise from disease of the heart, and that he died in the course of a short time.

The symptoms complained of were certainly those of poisoning by aconite, which, from the history received were, difficulty in swallowing from constriction of the throat, tingling of the limbs, and attacks of asphyxia, during which death occurred. The medical man made a *post mortem* examination, and stated that death ensued from disease of the heart.

In poisoning by aconite, many of the signs found in disease of the heart exist; the lungs may be greatly congested, the heart on both sides loaded with blood, the vessels of the head congested, and serum effused into the arachnoid cavity.

This notice may lead the gentleman who saw the case and made the *post mortem* examination to give a more detailed account than the writer is able to do.

Although he had, previous to this, used aconite and morphia hypodermically in a number of cases, and advised their use, he believes that they should not be used together without great caution. Some individuals are very susceptible to the poisonous action of aconite, and very troublesome symptoms may ensue from giving by the mouth five minims of the London Pharmacopœia tincture.

There was a case reported in one of the London journals some years ago, of a person who died in a few hours after tasting Fleming's tincture; he walked a considerable distance before the symptoms of poisoning became manifest.

The combination of morphia or opium will modify the symptoms of poisoning by aconite considerably.

DRESSING FOR WOUNDS.—A solution of potassæ chloras (2 drachms) in glycerine (4 fl. ounces), mixed with alcohol (2½ ounces), forms a clear liquid which is readily absorbed by linen, and does not soil the clothing. It keeps the dressing moist for twenty-four hours, is easily washed off with luke-warm water, and is well adapted for soft granulations.—*St. Louis Medical Reporter.*

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

DEATH FROM CHLOROFORM.

To the Editor of the Australian Medical Gazette.

SIR,—On the 11th of this month a young man was admitted into the Ovens district Hospital for a disease in one of his fingers, which it was decided to amputate. As the patient was very nervous, chloroform was employed, at his own desire, the administration of which resulted in his death.

An inquest was held, and a lengthy examination of the medical gentlemen attending the case was made; the verdict stated that death resulted from stoppage of the heart's action. Before the chloroform was used, the usual examination of the patient's heart and chest by the stethoscope was made, and nothing abnormal discovered.

On the 20th of March a patient in the Lying-in-Hospital died during the administration of chloroform, while undergoing an operation for the relief of prolapsus uteri. At the *post mortem* nothing unusual was discovered, except a slightly flabby state of the heart. The verdict attributed no blame to any person.

A third case occurred in the Melbourne Hospital about a year and a half ago, when the *post mortem* examination disclosed a diseased state of the heart, but the description was very imperfect.

Now, in the first of these cases, it appears that the usual precautions were taken, and nothing unfavourable discovered, and yet one of the medical witnesses stated that the right auricle was in a state of fatty degeneration, which might have been discovered by an accurate stethoscopic examination, and yet was not.

What then was the cause of death? Was the stethoscopic examination of the heart, lungs, etc., so minute and accurate as to preclude the conviction of serious disease in these organs? or did death occur from the bad quality of the chloroform? That such might be the case is evident from the noxious character of the impurity occasionally found in chloroform.

There is an impurity not unfrequently found in this drug and altogether unsuspected. The late Dr. Gregory, Professor of Chemistry in the University of Edinburgh, undertook an examination of chloroform soon after its general use in medical practice, and analysed a great many samples from different manufacturers. In many of them he found an acrid, oily body, very volatile, ble in chloroform, and not discoverable either

by smell or taste, and yet possessing extremely noxious properties, as shewn, when tried on animals, by very quickly depressing the action of the heart and arteries. During his experiments he discovered not only a very delicate test, but at the same time a means of immediately removing it, and thus rendering the medicine pure.

The test and remedy is strong sulphuric acid; if this be added to chloroform containing only one part of impurity in a thousand, and shaken up with it, a brownish colour is at once produced from the charring of the oily body, and by washing with water the coloured acid is removed, and the chloroform decanted off chemically pure, as it is not affected by the acid.

Shortly after its introduction into medical practice, chloroform was employed in veterinary operations, and, as it was then very expensive, a description of it was manufactured from cheap methylated spirit, a product from pyroligneous acid; but as this contains several organic compounds, the chloroform made from it was found so noxious in its effects that it was given up. Now in this age of adulterations, it is not improbable that chloroform from methylated spirit may be partially used by mixing with the genuine; as it has been proved that this impure spirit has been used for making cheap tinctures in England.

Whether any of the three deaths occurred from the use of impure chloroform or not, would be ascertained by the acid test, which ought always to be tried when the article is supplied to a public institution. Every druggist should also test his chloroform, so as to guard against accidents in private practice.

In connection with this subject, I may remark that no detailed report of the medical evidence at the inquest was furnished in any of the Melbourne journals, but in the local paper of the Ovens, which is not seen by the profession generally, a very full report is given.

Whether medical coroners are to be continued or no, a full official report of the medical evidence ought to be furnished in every case, and published in the *Government Gazette*, for the benefit of the public and the profession.

I am, sir, your obedient servant,

JOHN MURRAY, M.D., F.R.C.S.E., &c.

Melbourne, June, 1869.

THE BLOOD IN SNAKE POISONING.—A late number of the *Medical Times and Gazette* contains the following pertinent inquiry:—"By the bye, has any one seen the peculiar bodies described by Dr. Halford as existing in the blood of those poisoned by snakebite? A good many observers have now declared that they have never been able to see them."

Medical News.

ACCORDING to the *Clunes Guardian*, measures have been successfully taken to provide hospital accommodation for that district.

WE are glad to learn that several meetings of Club Practitioners have been recently held at the residence of Dr. Garrard, Collins-street, with the view of urging upon the Friendly Societies the propriety of adopting a more liberal policy towards their medical officers.

A MOVEMENT has been set on foot to raise a subscription on behalf of Miss Evans, the young woman who so courageously nursed the late Mr. Glover of South Yarra, during his last illness, and who, while in attendance upon that gentleman, was prostrated by a severe attack of small-pox, from which she is only recently recovered.

DEATH FROM CHLOROFORM.—George Maxwell, labourer, aged 25 years, admitted into the Ovens Hospital on the 11th inst., for an injury to one of his little fingers, resulting from the bite of a horse, died in that institution on the 13th inst., while under the influence of chloroform for the removal of the injured finger; only a small quantity of chloroform having been apparently used, which was administered by Dr. Dempster, while Dr. Slater amputated the finger. A *post mortem* examination disclosed the fact that deceased's heart was in a state of fatty degeneration, although this condition was not detected during life, and that the spleen was ruptured, a considerable quantity of blood being found in the peritoneum. The verdict exonerated the medical men from any blame, and stated that death resulted from cessation of the heart's action. The spleen is supposed to have been ruptured by the struggles of the patient during the stage of excitement; this organ, we presume, must have been in a softened or disorganised state. Several deaths having recently occurred in this colony from the administration of chloroform, medical men should be particularly careful in the use of this drug. In all the fatal cases, more or less disease of the heart was found after death, although not discoverable during life, shewing the great necessity of a minute and careful examination of the central organ of the circulation. We very much question the wisdom of administering chloroform for small or trifling operations.

SCARLATINA and diphtheria, of a severe type, are reported as being prevalent in the neighbourhood of Beechworth.

THE MELBOURNE LYING-IN-HOSPITAL.—We are glad to find that our remarks in the last number of the *Gazette* have had the effect of waking up the authorities of this institution, as we perceive an advertisement in the public prints convening a

meeting of the contributors on the 5th July, at four o'clock p.m., at the Mechanics' Institute. We hope the subscribers will carry into effect the reforms which we advocated in our previous number. By-the-bye, we notice that the advertisement calling the meeting is dated the 3rd, although not published until the 26th June. We are inclined to think that there is some mistake in the date of the advertisement, but not, we hope, with a view to deprive the *Gazette* of the credit of having been the means of attracting the attention of the public and the subscribers to the affairs of the hospital, in our issue of the 15th June. It is to be regretted that advantage was not taken at the incorporation of the institution to exchange the name "Lying-in-Hospital" for the more euphonious and equally appropriate designation of "Maternity."

MEDICAL REGISTER.—The name of Dr. John William Yorke Fishbourne, residing at Learmonth, has been added to the list of legally qualified medical practitioners.

PUBLIC VACCINATORS.—The following gentlemen have been appointed Public Vaccinators for the respective districts attached to their names:—Dr. George H. Hamilton, for the district of Ballarat, *vice* Dr. Stewart, resigned; Dr. P. Macoran, for the district of Wedderburne, *vice* Dr. Crosland, resigned; Dr. R. H. T. Gilbert, for the district of Gisborne, *vice* G. P. Stokes, Esq., who has left the district.

THE MEDICAL COMMISSION lately appointed by Government to inquire into the state of mind of the convict Ritson have unanimously reported in favour of his sanity.

THE MEDICAL SOCIETY presented a petition to the Legislative Council, praying it to amend that clause of the Coroners' Bill which prohibited all *post mortem* examinations without the written authority of the coroner. In our opinion, the only proper mode of dealing with so obnoxious a proposal was summary rejection.

PROCEEDINGS OF

The Victorian Medical Association.

THE usual monthly meeting was held in the Board-room of the Melbourne Hospital, on 11th June, at half-past seven o'clock p.m.

The following members were present: Dr. Stewart, President, in the chair; Drs. Bowie, Berncastle, Curtis, Reeves, McCarthy, Moore, Iffa, and Lloyd.

The minutes of the previous meeting having been read and confirmed,

Dr. CURTIS read a paper on the subject of uterine hæmorrhage previous to and after delivery of the child. In the course of the discussion which followed,

Dr. REEVES related an instructive case of internal post-partum hæmorrhage, after the expulsion of the placenta, advocating abdominal pressure, the administration of ergot and opium, and the injection of cold water into the uterus.

Dr. MOORE reposed considerable confidence in the efficient application of pressure over the uterus, along with the injection of cold water.

Dr. BOWIE found pressure, combined with the introduction of ice into the uterus, very valuable in this species of hæmorrhage; in which view

Dr. IFFLA expressed his concurrence.

Dr. MCCARTHY relied chiefly on ergot and uterine pressure. He also suggested the use of oleum terebinthinæ by the rectum, and spoke very favourably of the injection of a weak solution of liquor ferri perchloridi into the uterus.

Dr. BERNCASTLE had obtained the best results from the administration of secale cornutum, and the application of pressure.

The PRESIDENT spoke highly of the good effects of liberal doses of opium, and the internal as well as external application of cold water.

On the motion of Dr. MOORE, seconded by Dr. Berncastle, an unanimous vote of thanks was passed to Dr. Curtis, for his interesting communication.

The further consideration of the RULES was postponed until the next meeting.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: WEDNESDAY, JUNE 30, 1869.

THE bill recently introduced into Parliament by the Minister of Justice to amend the present coroners' statute contained one of the most extraordinary and despotic provisions ever heard of in any civilised country. The second clause of this bill would have deprived every medical practitioner, under any circumstances whatever, of the privilege of examining a dead body without the written authority of a coroner. So far as we have been able to ascertain, no such legislative enactment exists in any part of the world; certainly not in the British islands nor on the continent of Europe. In fact, so late as the beginning of the present year, the superior courts of Belgium decided that the law of that country imposes no such disability with regard to *post mortem* examinations. Had this provision been sanctioned by the Legislature, a medical man examining the dead body of a child at the

request of the parent, without the written authority of the coroner, would be guilty of a misdemeanor; and the parent, for permitting such examination to be made, would also subject himself to similar pains and penalties. This provision boldly proposed to divest the parent of his natural prerogative, to confer despotic power on the coroner to the prejudice of the former, and to introduce the capricious action of a government official into every household in the colony. Not even the shadow of a reason was adduced in favour of an odious innovation, which would deprive the head of a family of the right to have the dead body of one of his household examined by his medical attendant without the coroner's permission. Such a provision would be not only an invasion of natural right, but a standing insult to the medical profession, branding its members as men unfit to be trusted with the smallest confidence or discretion. It would, moreover, be prejudicial, if not ruinous, to medical science, by exposing professional men to unnecessary interference and annoyance. It may, perhaps, be alleged that the written authority of the coroner could be easily obtained; but in a climate like that of Victoria, where decomposition is so rapid, and where, in most cases, coroners districts are so extensive, their consent, if obtained, would frequently be too late to be of any service. Had this provision been sanctioned by the Legislature, it would practically have prevented all *post mortem* examinations, in consequence of the probable delay, trouble, and perhaps expense, involved in hunting after the coroner's written authority, which, after all, he might refuse.

The only really valuable provision contained in this bill is that which deprives coroners of the power to hold inquests in the case of fires without the previous authority of the minister. A provision both wise and salutary, as coroners have shewn themselves only too willing to hold inquests on every paltry fire; in which course it is to be charitably hoped they have been uninfluenced by the question of fees. We shrewdly suspect that the confidence and better judgment of the Hon. Mr. Casey have been imposed upon by the crafty suggestions of his subordinates, Messrs. Candler and Youl, who, in consequence of their open partizanship and illegal conduct for years, have assumed a hostile position towards the medical profession; and who, artfully taking advantage of their easy and frequent access to the Minister

of Justice, have, perhaps, almost unconsciously to himself, induced him to introduce a measure which would place the entire profession under the ban of suspicion, would be a disgrace to the statute book, and reflect little credit on its author; a provision evidently not contemplated by the Hon. Mr. Casey in the first instance, since he stated when introducing the bill, that it consisted of three clauses *only*, instead of four as at present, upon which occasion he frankly admitted that the officials, whose power this bill proposed to extend, too frequently did their work "very clumsily." It is insinuated, if not openly avowed, that this provision was introduced on account of the alleged improper making of a *post mortem* examination at a late inquest at Richmond, upon which we freely animadverted at the time. After again fully considering the whole circumstances of the inquest referred to, we have no hesitation in asserting, that any irregularity upon that occasion was wholly owing to the illegal conduct of the district coroner, who for years has been habitually substituting his own "peculiar" notions of "delicacy and proper feeling" for the expressed will of the Legislature. It is certainly a rare stroke of policy on the part of a public officer, in the first instance, to violate the law himself, and then to make the result of his own misconduct a pretext for suggesting an alteration in that law. The metropolitan coroners, Messrs. Youl and Candler, have for years either wilfully or ignorantly, which is best known to themselves, systematically ignored the plain requirements of the Legislature; whenever they could do so with impunity, they have evaded the provisions of the 15th and 16th sections of the Medical Practitioners' Statute, and, in defiance of this enactment, have hawked about their protégés, and would-be "pathologists," to the furthest limits of their respective districts. A little calm reflection may suffice to convince the coroners that the members of the medical profession are too numerous and influential to be trifled with; and that, some day or other, the public may be inclined to inquire whether the interests of justice are safe in the hands of officials who have proved themselves such notorious partizans, and who, under a variety of subterfuges, have evaded the directions of the Legislature. It is the first duty of the "officers of the law," to obey that law, as well as to set an example of becoming respect for the truth.

We have no desire to deal too harshly with the past conduct of the metropolitan coroners, even although one of them at least hesitated not, cowardly and maliciously, in a secret report to the head of his department, to slander the profession, as men regardless of the sanctity of an oath, and drunkards, if not something worse.

Perhaps, the apathy of the profession in times past is partly chargeable with some of the shortcomings of which we complain, but these gentlemen may rest assured, that while we will ever be prepared fearlessly to expose and castigate misconduct, we will, on the other hand, as cheerfully give credit for the honest performance of duties discharged with efficiency and impartiality.

The profession have much reason to be grateful to the Legislative Council, the members of which unhesitatingly rejected the insulting and degrading proposal, as soon as the attention of its members was called to the true nature and bearing of the odious provision, by a numerous and influential deputation from the Medical Association, which waited on the members of that body at the Council Chamber. The obnoxious clause not having been mentioned on the introduction of the bill fully accounts for its having passed the Legislative Assembly unchallenged.

Before taking leave of this part of the subject, it is, perhaps, as well to state, we almost regret that the honourable Mr. Casey did not see his way to comply with the urgent promptings of Messrs. Candler and Youl, to prosecute the medical gentlemen who made the late *post mortem* at Richmond, as such a proceeding would have afforded an excellent opportunity for reviewing the illegal conduct of the district coroner, who would then be in the pleasant dilemma of having either to prefer an accusation of malpractice against Drs. Wilson and Stillman, or of having to defend himself from the charge of having deprived these gentlemen of their undoubted legal right to make the *post mortem* examination upon that occasion.

It only remains for us to notice one other clause of this bill, which, although it scarcely concerns the profession, yet evinces a morbid desire to exalt the power of coroners. The proposal to which we allude imposed a penalty of £20 for obstructing a coroner. We are wholly at a loss to ascertain the object of this provision, seeing that Victorian coroners

already possess all the powers enjoyed by coroners in England. One would imagine that the authority which for centuries has sufficed for English coroners would be sufficient in our case; but it would appear that the superfine gentlemen who honour the public service of this colony by drawing handsome emoluments for mere routine duties, regard with contempt the legal status of their British compeers.

We learn from the *Argus* that Dr. Garrard has been appointed medical attendant to the "St. Patrick's Medical Benefit Society." We hope this body is not a fragment of the benefit branch of the old St. Patrick's Society, of which Dr. McCarthy has for several years been the medical officer, with satisfaction to the great body of the members and no little credit to himself. We cannot too severely condemn the unprofessional conduct of those medical men who either coquette with, or offer their services to, benefit clubs or societies of any description during the tenure of office of the then medical attendant. There are, of course, in every body, a few disappointed malcontents, who are never satisfied with any professional gentleman; but we can conceive nothing more calculated to lower our profession, and bring it into contempt, than the conduct of those medical men who permit themselves to be nominated in opposition to the appointed medical officer, until he has ceased all official connection therewith; the conduct, upon which we conceive it our duty to reflect, is not only highly reprehensible, but, unfortunately, too frequent. We have heard some ugly reports concerning a certain suburban practitioner, whose conduct with regard to clubs, if as represented, is very bad indeed. We trust in future we shall hear less of such degrading and unprofessional proceedings. If medical gentlemen will not respect themselves, it is difficult to expect that the general public, or the members of benefit clubs, will treat them with much consideration.

TWISTING ENDS OF ARTERIES.—The practice of twisting the divided ends of arteries, instead of applying ligatures, has lately been tried by Professor Humphry after all his operations, in Addenbrooke's Hospital, Cambridge, and with good result. There has been no subsequent bleeding in any case; and the wounds have, he thinks, on the whole, healed better than they would have done with the ligatures. The popliteal is among the arteries which have been thus secured, and the femoral, in two instances, after amputation in the thigh.—*Lancet*.

Medical Annotations.

ON THE ACTION OF THE COBRA POISON.

The following extracts are taken from a very valuable series of experiments by Dr. Fayrer, published in the *Edinburgh Medical Journal* for April, 1869.

SECOND SERIES OF EXPERIMENTS.

On the 10th March, 1868, the following experiments were made:

EXPERIMENT No. 1.—A full-grown *ptyas mucosus*, or rat-snake (*dhamin*), was bitten at 12.27 p.m. by a fresh cobra about two-thirds grown, and of a light-brown colour. The cobra was made to close his jaws in three different places, at about two feet from the head of the *ptyas*. The bitten snake was then placed in a large box with a wire front. 12.33—*Ptyas* moving about actively in the box, and darting out his tongue frequently. 12.40—Seems very restless and uneasy; strikes at everything that approaches the cage. 12.57.—Active as ever. 1.2 p.m. No change.—2.30.—No change.

There was no further change, and on the 13th the snake was quite well.*

The *ptyas* (*dhamin*), or rat-snake is very active and vigorous. The individual bitten must have been about eight feet in length. The cobra was about half the size.

EXPERIMENT No. 2.—A *varanus flavescens*, or *gohsâmp*, about two-thirds grown, was bitten at 12.38 p.m. in two places—one on the thorax behind the fore leg, and one on the inner side of the hind leg, by a powerful, full-grown, and fresh cobra, about six feet in length, of a lightish colour, and distinctly marked with the spectacles on his hood. 12.42.—The lizard lies quiet in the cage. 12.46.—Crawling about in the cage; slightly drags his fore legs. 12.55.—Very quiet; looks sluggish; eyes partially closed. 1 p.m.—Very sluggish; was taken out of the cage and placed on the floor of the room; when he moves, the fore legs are dragged with the palmar surface of the feet turned upwards, but when much roused, he is able to use the fore legs. 2.30.—Appears a little less sluggish; looks about. 2.45.—Replaced in the cage; has moved about in the cage, but is sluggish. Hardly responds to stimulus when roused. He remained for the rest of the day in this state. 11th March, noon.—Sluggish, and can hardly be roused. 4 p.m.—He died quietly.

EXPERIMENT No. 3.—The cobra that bit the *ptyas* in experiment No. 1 of this series was bitten by another fresh cobra of a much darker colour at 12.45. The snake was made to close his jaws in two places, and, as in the other experiment, not

* This snake died on the 17th without any obvious cause.

only could the fangs be heard to penetrate the scales, but the marks of the puncture were visible, and the poison was left on the surface of the part near the punctures. The snake, after being bitten, was placed in a cage like that of the *ptyas* in the first experiment. 1.2 p.m.—Lying quiet, apparently unaffected. 1.15.—No change. 1.35.—No change. 2.30.—The only change is that the snake is on the alert, and keeps his head erect with hood spread.

No further change occurred after this, and on the following day the snake was well. It may be noted that this cobra was partially exfoliating his skin at the time when the experiment was made.

EXPERIMENT No. 4.—A *ptyas mucosus*, about six feet in length, was bitten by the large cobra at 12.54. Before closing the snake's jaws on the part the scales were scraped off. Blood was freely drawn by the snake's fangs from bites inflicted in two places. (This was the same cobra that bit the *varanus*.) 1.8 p.m.—Appears sluggish; wound bleeding freely. 1.16.—Perfectly active, and moves about rapidly in the cage. 1.35.—No change.

There was no apparent change in the snake all that day or the next, except that it may have been little more sluggish. He died during the night of the 11th, being found dead on the morning of the 12th.

EXPERIMENT No. 5.—A very large bullfrog (*rana tigrina*) was bitten severely on the inner side of the hind leg in two places, at 1.57 p.m., by the same large cobra that bit the *ptyas* and *varanus*. 2 p.m.—Frog walks about; bitten leg rather dragged. 2.5.—Seemed anxious to escape, and gave several cries as of pain or fear. But there was no further change; the frog remained quite well on the 13th.

"The blood of the *ptyas* and of the *varanus* was examined by Dr. Colles and me with a one-eighth inch object-glass and the A eye-piece. There was nothing suggestive of any change in the corpuscles.

"It is to be remembered that death in both these cases occurred very slowly, allowing abundance of time for any blood change to take place. Of course, the appearances in reptilian might be expected to differ from those in mammalian blood; but I doubt if there be anything to indicate such changes as Dr. Halford describes in human blood after the cobra bite.

"However, the matter is still *sub judice*, and requires many experiments, and those often repeated, before any decided conclusion can be formed."

It is especially noticeable that the deaths took place very slowly, and that the effects of the bite, even of a very powerful cobra, were much more gradually manifested in the cold than in the warm-blooded animals. The frog escaped altogether;

but this may be owing to the cobra having been somewhat exhausted by biting two other animals. I can hardly imagine that it was so; for, when the snake's mouth was opened to make it bite the frog, the poison dropped freely from the fangs. It is probable that the quality, rather than the quantity, may be affected by the rapid discharge of the fluid, and that the exhaustion is caused by the excitement of rage as well as by that of fear, to which, under the circumstances, the snake is naturally exposed. The experiments were carefully conducted, and the snakes were handled by the same old man who officiated on a former occasion. Dr. Jerdon and Dr. Colles were present with me during the experiments.

THIRD SERIES.

EXPERIMENT No. 6.—30th April.—A cat was bitten by the same cobra that bit the mungoes at 1.27 p.m. 1.30.—Cat uneasy; not paralysed. 1.38.—Restless; breathing hurried. 1.40.—Cat lying down; seems uneasy; muscular twitchings and hurried breathing. 1.55.—Active when roused. 2.30.—Appears rather distressed; has bitten its tongue, and lies with mouth half open, and tongue protruded. 2.50.—Is now fully under the influence of the poison. Lies on one side; when placed on its feet, drops with its belly on the ground, and then falls over on one side; constant twitchings of the limbs, and frequent violent efforts made to rise, but quite in vain. Heart's action feeble, 108. 3 p.m.—Dead. "The blood, examined twenty minutes after death, showed no perceptible change."

EXPERIMENT No 13.—On Wednesday, 27th May, 1868, I made the following experiments; the idea having been suggested by a letter addressed to the Editor of *Engineering*, March 20, 1868, by Mr. W. Clarke, C.E., who, relating his experiments on poisonous snakes in India in 1854, mentions the extraordinary effect that *creosote* had in destroying them, and suggesting its use, or that of analogous chemical compounds, in the treatment of snake-bites. The effect of an analogous chemical compound, carbolic acid, on the snake itself, I have as yet only ascertained. The therapeutic value remains to be determined, though, in anticipation, I express my doubt as to its being more beneficial than anything else, unless applied early enough to decompose the poison before absorption into the nervous circulation; and this we could seldom hope to effect. I am quite satisfied that the application of *carbolic acid*, or perhaps even of coal-tar, to the walls and timbers, and apertures by which their entry into a house could be effected, would have a most beneficial effect in keeping snakes at a distance.

At 12.33 noon, I put a few drops of carbolic

acid into the mouth of a large and very vigorous cobra, and it seemed to produce almost immediate effect. The snake struggled violently, opened and closed the mouth, went rapidly into a state of convulsion, as evinced by a series of spasmodic peristaltic waves of the whole length of the body. In less than five minutes it was evidently powerless for evil, and unable to strike or even move from the spot, but was frequently convulsed. The convulsed movements continued getting fainter, and did not entirely cease for twenty minutes, when it was quite dead. This cobra was over four feet six inches in length, and peculiarly active and vicious.

EXPERIMENT No. 14.—I poured a few drops of carbolic acid on to the floor of a large wooden cage, with a wire front, in which there was a large *bungarus fasciatus*. The snake was not handled, and the carbolic acid could scarcely have got into the mouth, though it touched the head. The *bungarus* immediately withdrew his head from the spot where the acid fell, and became very much excited and convulsed, the tail being for a time quite rigid. It turned over on its back in about three minutes, and lay almost motionless for about five or six minutes more, during which slight convulsive movements occurred, as in the cobra, and in less than ten minutes it was quite dead. This snake was five feet long, and very powerful; sluggish as the *bungarus* always is, I believe, in the day time; but very active when roused. Life in this snake was much more rapidly extinguished, and by a smaller dose of the poison, than in the smaller cobra. As they lay stretched out side by side, convulsive twitchings were apparent in the cobra for some minutes after the *bungarus* was quite dead. This would indicate that the *bungarus* is much more susceptible than the cobra, for it was apparently destroyed by the vapour, or, at all events, by the very small quantity that might have trickled down from the head into the mouth. After death, the mucous membrane of the mouth was natural; whereas in the cobra that had drops placed in the mouth, these had completely whitened the mucous membrane, and coagulated the poison which had exuded from the fangs.

I hope to test the merits of carbolic acid and other analogous chemical compounds as therapeutic agents in snake-bite on some future occasion. In the meantime, its use as a preventive against the entry of snakes into houses and other places where they may prove dangerous, or as a means of getting rid of them where they have taken possession, is suggested, for there can be no doubt that the drug is most deadly and disagreeable to the reptiles.

FOURTH SERIES OF EXPERIMENTS.

EXPERIMENT No 1.—At 3.29 p.m., a full-grown,

vigorous, and fresh cobra was made to bite a very powerful, full-grown cobra of a black colour. The scales were scraped off near the head, and the other snake was made to plunge his fangs into the exposed part, and retain them there for some time. It was then made to bite the cobra in the mouth, by closing the jaws on the under-jaw of the bitten snake. The wounded snake was then placed in a large cage, and watched. It did not show any symptoms of being affected by the poison, and was perfectly well, vigorous, and active on the 10th at 2 p.m. At 2 p.m. of the 11th June, the bitten snake was well and active. This appears to be almost conclusive that the cobra is not affected by the poison secreted by another.

EXPERIMENT No. 7.—One drop of carbolic acid was administered to a full-grown, vigorous cobra at 4.14 p.m. In two minutes the snake was in convulsions, and powerless to strike, or even erect his hood. 4.34.—Still struggling; convulsed; mouth open, but unable to move or strike. 4.45.—Has gradually been recovering; looks still very weak, and the head trembles, and can be raised with difficulty. At 2 p.m. the following day, the snake had recovered, but still seemed weak, and unable to dilate his hood perfectly.

A smaller cobra to which the same quantity (one drop) was administered, died in less than five minutes.

THE THERAPEUTIC ACTION OF BROMIDE OF POTASSIUM.

By SYDNEY RINGER, M.D., Professor of Therapeutics at University College, and Physician to University College Hospital.

As a local application, to ease pain or remove spasm, bromide of potassium, in five parts of glycerine, has been applied, it is said, successfully to hæmorrhoids, fissures of the rectum, and to painful growths.

When bromide of potassium, in moderate doses, is taken for some time, or quickly when large quantities are administered, there occurs loss of sensibility in the soft palate, uvula, and upper part of the pharynx. This is shown by the absence of any movement in these parts when they are touched, as such irritation does not excite the movements of deglutition. On account of this property, these medicines are recommended to be used to remove or lessen the excitability of the throat when an examination of the larynx with the laryngoscope is made. It is even stated by some writers, that washing the pharynx and soft palate by means of a brush with a solution of the bromide, is sufficient to quiet these parts, and to enable laryngoscopic examination to be made with ease.

As the bromides possess the power to remove

sensibility from the pharynx, it has been thought to be very possible they may have similar influence on the larynx, and be able to lessen its excitability; and so be of use in those diseases accompanied by spasmodic contraction of the glottis, as whooping-cough, and laryngismus stridulus. Of course, such speculations are of little use till put to the test of experience. After close watching of the action of bromide of potassium on both these diseases, I am convinced it can control and remove them. The discrepant statements of the influence of this remedy on these diseases can be reconciled in the following way.

To speak first of whooping-cough. All observers must admit that some cases of this disease are altogether uninfluenced by this remedy, that in such cases it neither lessens the frequency nor the severity of the paroxysms of coughing. In other cases, however, it appears to act in both ways. The bromide, I believe, will be found to be useful only in simple uncomplicated whooping-cough. If there be fever, or much catarrh of the lungs; if there be present pneumonia or tuberculosis; or if the child be teething, and the gums be swollen, red, and painful, or if there be any gastric irritation, then this remedy fails to do any good till these disturbances have been met and controlled by appropriate treatment. When this has been done, or, in simple, uncomplicated cases, the bromide of potassium does certainly possess great power over the disease, lessening both the frequency and severity of the paroxysms. It is thus found to be of most service in the summer and when the weather is genial and mild. In general, alum or lobelia inflata are to be preferred, as they act more prompt and surely; but the alum is only useful under the same circumstances which control the usefulness of the bromides. It can only be given in uncomplicated cases.

Next, as regards the action of bromide of potassium on laryngismus stridulus. Here also the remedy can control the disease, but only under conditions very similar to those which limit its usefulness in whooping-cough. If any irritation, such as from teething, is present, this must be removed before the remedy appears to possess any power over the complaint. As, however, we possess, in cold sponging, such an efficient and prompt cure for laryngismus stridulus, when any irritation has been removed, we shall not need to resort to the bromide, but can, by cold sponging, at once cut short the complaint.

The salts of which we are treating are sometimes useful in both these affections when complicated by convulsions. It not unfrequently happens, with both laryngismus stridulus and whooping-cough, during a paroxysm, for the obstruction in the larynx to become so great as to cause very imperfect oxidation of the blood, and so partial

asphyxia, which condition may produce an attack of convulsions. When such convulsions occur, their repetition can be prevented by the bromide, even when it apparently leaves the disease otherwise uninfluenced. Here, again, with laryngismus stridulus, cold sponging is mostly sufficient to avert the convulsions, by preventing the spasm of the glottis, on which they depend. But in those cases where, from the effects of any irritation, the cold sponging remains without effect, the convulsions can, in most instances, be stopped by the bromide of potassium, and so one of the greatest dangers, nay, almost the only one, of this disease can, by its use, be removed.

In the following complaint of the throat, the bromide will be found of use. It occasionally happens that children, from the time of their birth, and without any malformation of the throat, and who can swallow solids with ease, are choked every time they attempt to drink fluids. This is an affection which may in no way be connected with diphtheria, or other disease of the throat. Such children may be much benefited by the bromide of potassium.

On the stomach, the bromide, as far as it is at present known, appears to have but very little influence.

On the intestines, in certain diseases, these salts have a beneficial influence; as, for instance, in a form of colic which sometimes affects children from a few months to one or two years old. With such the walls of the belly are retracted and hard, while the intestines can be seen at one spot contracted into a hard lump, of the size of a small orange, and the contraction can be seen, through the walls of the belly, to travel from one part of the intestines to another. These attacks of colic are very often repeated, and produce excruciating pain. This form of colic is unconnected with either constipation, diarrhœa, or flatulence. It is sometimes associated with a chronic aphthous condition of the mouth. It usually resists all kinds of treatment, but will mostly at once yield to the bromides.

Like the iodides, these salts pass quickly into the blood; and respecting their influence on the organs to which they are conveyed by this fluid I shall next speak.

The bromide of potassium is used for a very great variety of diseases, but in none are its virtues more conspicuous than in the treatment of convulsions. It is good in epilepsy, in the convulsions of Bright's disease, and in the convulsions of children, whether these are due to centric or eccentric causes. Although convulsions may be excited by many causes, it is probable that the conditions of the nervous system which immediately produce the attack are in every instance the same; and it appears to be these conditions

which the bromide is able to control, and hence it checks the convulsions of epilepsy, of Bright's disease, and those arising from teething or from worms. It is, however, necessary to speak separately of the influence of bromide of potassium on the convulsions of these different diseases.—*Lancet*.

(TO BE CONCLUDED IN OUR NEXT).

DR. ANSTIE ON SPHYGMOGRAPHY.

THE following is the substance of a recent lecture on sphygmography, delivered at St. Mary's Hospital, by Dr. Anstie:—

In the first place, as to the instrument itself, it was shown that without the new modifications for securing *solidity* of position, and for measuring exactly the amount of pressure exerted on the artery by the tactile spring (as suggested by Dr. Burdon-Sanderson), the traces obtained by Marey's instrument would be highly fallacious in diseased conditions, except to a very practised observer; but that with the new improvements the sphygmograph* becomes an arm of precision of the highest delicacy and reliability. As to the forms of disease in which experience has now shown the sphygmograph to be most valuable, the lecturer stated, in the first place, that it had been shown to be of little diagnostic use in the majority of *valvular* diseases of the heart. But of *hypertrophy* it often affords most useful evidence, and (with careful graduation of spring-pressure) a very delicate quantitative test, and even, in some cases, hints of the source of obstruction which has produced compensatory hypertrophy. In the detection of "senile" degeneration of arteries, it is also of the highest value. In the case of aneurisms, a skilful and cautiously repeated comparison of the pulse-traces of the two radials will often enable us to draw most useful conclusions as to the *position* of an aneurism—e. g., whether it is subclavian or innominate, &c. Finally, the sphygmograph is of great value in the prognosis and treatment of acute pyrexial diseases. Of this fact the lecturer gave numerous clinical proofs. In regard to the value of its indications for the use of wine, Dr. Anstie stated that his confidence in the correctness of the statements made in those lectures had received fresh and striking confirmation from the results of experience which he had recently gained.—*Lancet*.

* Sphygmograph. Σφυζω. Σφυγμος. Γραφω.

HOSPITALS FOR SICK CHILDREN.

A GENERAL practitioner, writing from Brighton to the *Medical Times and Gazette*, makes use of the following cogent arguments in reference to this subject:—

"I know that there are many of the first men

in the Profession who advocate hospitals for sick children, but I humbly and with diffidence confess that I have never been able to reach the standpoint from which they appear to view the subject. We know very well that most of the diseases of children are of a highly contagious or infectious nature, and I am at a loss to understand by what precautions or arrangements the spread of such diseases is to be prevented within the walls, or how a child that has been cured of some non-contagious disease is to be prevented from carrying the germs of a contagious disease to its home; for even if contagious cases be excluded by the rules, they must be expected to escape detection sometimes, and even their being brought to the hospital to be diagnosed must be fraught with danger to others. We are told by a most eminent authority that general hospitals are a mistake, because of their tendency to produce contamination; lying-in-hospitals are generally acknowledged to be a mistake for the same reason; *a fortiori* children's hospitals must be a mistake, for the diseases of young children are proportionately much more contagious than those of adolescents or of adults, and children are much more susceptible to contagious influence. I have heard an Hospital for Sick Children designated 'An Institution for the Propagation of Contagious Diseases amongst Children.' Perhaps this is too severe, but I cannot help thinking that there may be some truth in it."

THE LANCET ON PROFESSIONAL ADVERTISING.—"We have, on more than one occasion recently, warned the *authors of works on medical subjects* against unprofessional advertising, and have expressed our intention of referring more particularly to flagrant instances of the vice." [We regret to state that Victoria is not altogether free from this abuse.]

AFRICAN LETHARGUS.—In a note upon Dr. Gore's work on this disease, the *Medical Times and Gazette*, states:—"In the first stage there is drowsiness, but not continuous sleep; in the second, the patient only wakes when roused; in the third, a persistent stupor is present, there is relaxation of the sphincters, and for some days before death the patient will take no nourishment. There is no marked *post mortem* phenomenon. In one instance the patient never awoke for eleven days before his death."

Notice to Correspondents.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND Co., 72 Little Collins-street East, Melbourne.

DR. CURTIS's paper will appear in our next issue.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 126).

PRACTICE OF QUARANTINE IN THE NORTHERN PARTS OF EUROPE.—QUERY IV. CONTINUED.

At Naples.—Of 52 vessels quarantined from 1855 to 1858, all were provided with clean bills of health, except one, which had no bill whatever. 9 were from ports infected, or suspected to be infected, with yellow fever; 9 from Malta, where typhus fever existed; 27 from ports infected with cholera; 4 from ports infected with plague, viz., at Marseilles, Nantes, Almeria, and Leghorn.

The quarantine varied from five to ten days. No sickness had occurred in any of the vessels during their voyages.

Malta.—In the eight months from the end of April to the end of December, 1858, out of about 2000 arrivals, 194 were quarantined.

With the exception of two vessels from Brazil, then suspected of yellow fever, after long voyages, and which were admitted the day after their arrival, every instance of quarantine was due to the alarm occasioned by the malignant fevers which had appeared at Bengazi, on the Barbary coast of Africa. The fever was considered, and called, typhus. The quarantine imposed was 5 days. About the end of July, when it was declared to be the plague, quarantine was raised to 21 days on vessels direct from Bengazi, and to 15 days on arrivals from other places on that coast which were suspected, although clean bills of health were still issued by them. The longer detention was also imposed for the infraction of the quarantine regulations at any suspected port, as at Alexandria, where it was rumoured a suspicious case or two of bad fever had occurred.

After a month's continuance of this rigorous system, the penalty for the offence was reduced to a detention of ten days, and afterwards, for seven. It does not appear that the presence of pilgrims—sometimes numbering 100 or 200—the nature or quality of the cargo, or the length of the voyage, affected the quarantine imposed.

Arrivals also from Gibraltar were suspected, although it was perfectly well-known that the "Rock" was quite healthy all the time. It was from suspicion of plague being at Morocco. The quarantine was at first ten days; afterwards, seven, and finally, four.

Bengazi.—Of the 192 vessels quarantined on account of plague, six only arrived with foul bills.

All these came direct from Bengazi; but there had been no sickness either during the voyage, which varied from nine to fifteen days, or during their detention.

The same holds good of all the other vessels which were quarantined during the eight months. No sickness whatever occurred during the detention; and all that was learnt as to the state of health during their voyages was, that three deaths in all occurred. One man had died two days after leaving Rio Janeiro; another, on board a vessel also from Brazil, from scurvy; the third fatal case was in a ship from Alexandria—it was one of diarrhoea.

The entire number of the crews of the above 194 vessels amounted to 5459, and that of the passengers to 2524.

From the preceding statement, it must be seen that had it not been for the pestilential fever among the squalid inhabitants of a filthy Moorish town in the early part of the year, there would have been no quarantine imposed, nor impediment to perfect freedom of intercommunication with every part of the world.

From the Parliamentary return, 22nd February, 1858, it appears that during ten years from 1845 to 1855, the number of vessels quarantined at Malta was 9415; the aggregate number of days so spent was 47,430; and the longest period of detention of any vessel during such years, ten days in 1854, to twenty-nine days in 1845. No particulars are given as to the cause of quarantine being imposed on the different arrivals. During the three years ending the 30th April, 1859, there were 1513 persons received into the lazaret.

Piræus.—In 1858 the number of vessels quarantined was 148, consisting of arrivals from Syria, Barbary, Alexandria, Malta, and Constantinople, the two latter places being in quarantine, on account of their free intercourse with the former places. One nation in the Levant puts no faith in the quarantine of another. The cause of detention in all cases was a suspected bill of health, or the suspicion of small-pox.

No cases of sickness occurred in the vessels during their voyage, or while in quarantine.

Constantinople.—During 1858 only 23 vessels were quarantined, two-thirds of them arrivals from the Danube or Russian ports in the Black Sea, with cargoes of grain. The quarantine varied from five to seven days. The cause of the difference not stated. Two vessels from England were quarantined, ten days each.

Galatz.—No vessels have been quarantined here during the last five or six years, or in the other ports of the Danube. Previous to the war in the East, the number of vessels detained by the Russian authorities was very large.

Rhodes.—In 1858, 200 sailing vessels, and 19

steam vessels, were quarantined. The cause of this great and sudden increase on the preceding two years was the plague at Bengazi, and the rumoured occurrence of a case at Alexandria. In 1855, the number of vessels quarantined had been also large, on account of the existence of cholera in the Mediterranean.

Alexandria.—The vessels quarantined from 14th June, 1858, to 9th June, 1859, were 149. The great majority were Ottoman vessels, from Barbary and other parts of the African coast. There was also a great number of English and French steamers, and a few Austrian.

The cause of the quarantine was in every instance the plague at Bengazi, first announced in the summer of 1858.

ON UTERINE HÆMORRHAGE PREVIOUS TO AND AFTER DELIVERY OF THE CHILD.

By HENRY CHARLES CURTIS, M.R.C.S., ENGLAND,
Medical Officer of Health, Sandridge.

(Read before the Victorian Medical Association, June 11, 1869.)

THESE cases are so important, and sometimes alarming, that I have considered the subject of sufficient interest to bring before the Victorian Medical Association, more for discussion by the members than for any especial novelty of treatment on my part.

1st, *Hæmorrhage from Placenta Prævia* :

In cases where the after-birth is attached over the os uteri, instead of at the fundus, when labour commences and the os uteri begins to dilate, giving rise to serious hæmorrhage, very prompt interference on the part of the medical attendant is required. This condition is distinguished by the old and familiar name of unavoidable hæmorrhage.

A medical man is called to a patient, and, on entering the room, perhaps observes a large pool of blood on the floor by the bedside. He may pretty well guess before making an examination, *per vaginam*, that it is a case of "placenta prævia." On examining, he is fully confirmed as to the nature of the case by the presentation of a fibrous vascular structure, with hæmorrhage recurring at each labour pain. Having satisfied himself of the presenting part, the next step is the treatment to be adopted.

Dr. Robert Lee says that he has only seen one case of flooding from the placenta being attached to the os followed by recovery without artificial delivery; and this, I believe, is now the generally received opinion, that artificial delivery must be had recourse to speedily. The mode which I have invariably adopted in these cases, when the

os uteri is sufficiently dilated, is that first recommended to me by my old and esteemed friend, Dr. Robert Lee, in the first case which came under my care in London, and to which I called in Dr. Lee in consultation, by immediately passing the hand into the vagina, and then in a conical form through the os uteri, between the uterus and after-birth, where the one is slightly separated from the other. Having reached the membranes, rupture them, and bring down either one or both feet, gradually extracting the child, and then the placenta. Where the os is rigid you must not then try to introduce the hand, but wait; apply cold to external parts, and give astringents and laudanum internally. I would, in these cases, administer a dose of ergot and liquor opii. sed. combined.

I am aware that other modes of treatment have been used by many of the most eminent accoucheurs. In cases where the placenta is entirely separated, Guillemeau and Mauriceau recommended the extraction of the placenta before the child.

One case of this occurred in my practice, where the placenta and child were expelled together, as it were, the placenta being forced into the world, child immediately following, and the patient did well. Some practitioners pass their hand directly through the centre of the after-birth, and then turn the child and deliver.

Levret was one of the first to adopt this plan; but, for my own part, I prefer Dr. Lee's practice. The first case of midwifery that I ever attended, now over thirty years since, was a case of "placenta prævia;" it was therefore fully impressed on my mind. The treatment which I then adopted, by the advice of my respected teacher, Dr. Robert Lee, was then successful, and I have since seen no reason to alter my mode of treatment, with the exception of those cases where the placenta was only partially attached to the os uteri, and the head could be felt, in which I have immediately ruptured the membranes, and left the case to nature.

There is one presentation that might at first be taken for a case of "placenta prævia," and where sometimes a good deal of hæmorrhage occurs at the onset of labour, and to some practitioners might be rather puzzling as to the presenting part; these are cases where the brain of an acephalous monster presents. In my own practice, almost within twelve months, I have had no less than the extraordinary number of seven instances where acephalous monsters have been born in Sandridge—six of my own cases, and one to which Dr. Clavey called me in consultation: but, as I intend bringing these cases before the Association at a future time, I now only allude to them briefly.

2nd. Uterine Hæmorrhage from Detachment of the Placenta from the Upper Part of the Uterus.

We may have this form of hæmorrhage occur at the latter months of pregnancy. It may arise from two or three causes—from external violence, from the cord being several times around the neck of the child, or from disease of the after-birth itself. In these instances it is more from the general symptoms of your patient, than perhaps from any flooding externally, that you diagnose the case, although in some of them the flooding is very profuse externally; in illustration of which I may refer to a case of mine mentioned in Dr. Lee's "Clinical Midwifery." The mode then adopted of rupturing the membranes is that which I have ever since repeated where the head was the presenting part. I might add that, in these cases, recourse to the plug is not advisable, as we should only be altering a case of external to internal hæmorrhage, and not unlikely lose our patient.

After rupturing the membranes, the uterus will generally contract upon the child, and the case will then proceed satisfactorily: but there are some instances where I have found it requisite to excite the uterus to contract, and in these I administer a dose of the solution of ergot, and apply a pad and binder over the fundus.

3rd. On Flooding immediately after the delivery of the child, and before the after-birth is expelled.

These cases are sometimes very alarming. The treatment that I adopt when I am previously aware that the patient has been subject to this flooding after the birth of the child is to give a dose of ergot immediately before the delivery of the child.

One lady, whom I have attended in her confinements for many years, was subject to this hæmorrhage. In her case, I have adopted this treatment with signal success, and have directed the dose of secale to be kept at hand, for the nurse to give her, should the case proceed so far before my arrival, as the lady resides many miles from my residence. Once, when I was from home, the lady was attended by another medical man, who did not administer the ergot, when the flooding again occurred to an alarming extent. By administering the ergot at this period, you obtain contractions of the uterus, you generally get the placenta quickly expelled, as well as obviate the danger of flooding.

Where you are not in attendance in time to administer the dose of ergot before the birth of the child, or where it is your first attendance, and the flooding should take place after the birth of the child, the usual treatment of removing the placenta, pad and binder, and firm pressure over the fundus must be had recourse to directly, and in some cases, give a dose of ergot.

4th. On Flooding after the expulsion or extraction of the Placenta:

These cases occur from want of uterine contraction. After the removal of the after-birth, the uterus suddenly dilates, and, perhaps, the patient is deluged with blood pouring externally. The best treatment is firm pressure over the fundus by a pad. The one that I always adopt in these cases is a book enveloped in two or three napkins, and placed under the binder; cold water napkins to the buttocks and thighs; give a dose of ergot and laudanum; and, where ice is at hand, introduce a piece into the vagina, at the same time, giving cold brandy and water. I entirely deprecate the plan of passing the hand into the uterus for removing the coagula, and then using the hand as a compress.

5th. Hæmorrhage may occasionally occur a day or so after delivery:

Astringents, such as the muriate tincture of iron, have been given in these cases with advantage.

In conclusion, I may state that, in all my cases of labour, I adopt the plan of requesting the nurse, immediately after the birth of the child, to apply firm pressure with both hands over the fundus uteri, and I am sure by this precaution I have prevented many a case of flooding.

SELECTIONS FROM FRENCH, GERMAN, AND ITALIAN MEDICAL JOURNALS.

TAPE WORM FROM EATING RAW MEAT.

THE *Annals of Medicine*, of Florence, contains several cases in which the use of raw beef and mutton as a remedy for tabes mesenterica and diarrhoea was followed by tape-worm. The eating of raw meat by the Abyssinians has long been known to produce it; and Weisse, who was the first to give and recommend it in diseases of the digestive organs of children, found a similar result in a number of cases. It has been considered that the larvæ of tape-worm were only to be found in pork; but these observations would lead one to think that they exist in the sheep and ox under circumstances not yet detected by helminthologists. The writer's observations lead him to suppose that, if sheep and oxen are fed with pigs for some time, their flesh will often be found to contain the larvæ of tape-worm.

MORTALITY IN BERLIN IN 1720 AND 1868.

In the 18th century, the mortality in Berlin was 1 in 24; in 1868, 1 in 32.5. This diminution is to be chiefly attributed to the improved drainage of the town and the surrounding districts, and to the introduction of vaccination.—*Wochensche Verbericht*, 1868.

SUICIDE IN FLORENCE AND PARIS.

The *Bollentino Officiali* states that, in Florence, the number of suicides does not amount to more than 20 in the year, but in Paris the report of the Prefecture of Police shows that, in 1868, the number amounted to 1101, about 2 per cent of the whole mortality.

ON THE PROPAGATION OF CONSUMPTION BY INOCULATION WITH THE EXPECTORATION OF CONSUMPTIVE PATIENTS.

M. Villenieu has laid the results of some experiments on the inoculation of animals with the excretion of tubercular patients before the Academy of Medicine.

1st. The excretion, diluted with water, was injected under the skin of four rabbits, and in three of them tubercular disease was excited.

2nd. A piece of ligature silk, saturated with tubercular excretion, was passed through the flesh of five rabbits, and three became affected with tubercular disease.

3rd. The excretion, slowly dried, and then introduced under the skin, produced no effect; but, when rapidly dried, disease was produced in three rabbits inoculated with it. The application of the excretion dried in the last manner to the skin caused death in one animal, and, blown into the trachea through a small opening, two animals out of four became diseased.

Inoculation with the sweat of consumptive patients did not produce the disease.

Feeding rabbits and fowls on tuberculous matter produced the disease in several.

HERNIA OF THE MUCOUS MEMBRANE OF THE NOSE, THE RESULT OF SYPHILITIC ULCERATION OF THE OS FRONTIS. BY DR. RIZET.

The patient presented an opening near the median line, just above the left eyebrow, through which, at nearly each respiration, a small tumour appeared, which was easily reduced, and the beating of which closely resembled that of the brain. To the touch the tumour gave the sensation of hernia of a membrane through a bony opening.

From these appearances, the first impression was that it was a case of cerebral hernia.

The history of the case was, that a year before he had, while suffering with secondary syphilis, severe pain in the head, fever, followed by swelling of the forehead and eyelids. A small abscess formed, which was opened; the pain in the head diminished, and the opening closed. A month later, swelling again appeared in the place where the abscess had existed, but without pain. This place opened, and sanious fluid escaped. To check this, iodine was injected, and it was found to escape by the nose. Soon after this he had an aggravation of the secondary symptoms, sore

throat, and syphilitic eruption of the skin. He had previously taken iodide of potassium, and used sea-bathing, without any material benefit. Some months later, while blowing his nose, a piece of dead bone escaped, and for several weeks blood in small quantities was discharged. By means of a piece of lead, he was enabled to keep the membrane from protruding.

ON A NEW MODE OF DETERMINING THE PURITY OF CHLOROFORM.

When chloroform contains alcohol, or products of a similar nature, capable of alteration, it is decomposed with the disengagement of hydrogen, carburetted hydrogen, oxide of carbon, and fixed matters.

If a little of the suspected chloroform is placed in a glass tube, and a piece of sodium dropped in, bubbles of gas are immediately given off, and the less pure it is, the greater the number. This state lasts from two to three minutes, and every escape of gas is a decisive proof of the impurity of the chloroform.—Hardy, *Archives Generales de Medecine*.

LECTURERS AND THEIR CRITICS.

It is not often that newspaper writers make so indiscreet an exposure of their own ignorance as is displayed in the following paragraph, taken from the *Argus* of the 5th inst. From an extract which we append underneath, from Alison's *History of Europe*, vol. I. page 98 (ninth edition, 1853), it will be seen that the unfortunate M.L.A., at whose expense his modest critic endeavoured to raise a laugh, was correct, and that the latter is solely entitled to the credit of the "amusing blunder," which if made by a journal not so prone to find fault with others would be less open to censure.

"An *amusing blunder* has been perpetrated by an M.L.A., who gave a lecture on the French Revolution the other evening at Long Gully. As an instance of the cruel tyranny exercised by the nobles of the time of Louis XV., he stated that they were even permitted to 'kill serfs' on their estate, either for their amusement or convenience. A French correspondent of the *Bendigo Advertiser* points out 'that according to the existing law, the nobles were certainly permitted to kill a *cerf* (or a stag, as it would be interpreted in English), but that two-footed *serfs* were permitted to be privileged from such a sacrifice.'—*Argus*, July 5, 1869.

"An old law, long obsolete, but characteristic of the state of the people in feudal ages, was mentioned in the debates in the Assembly on the feudal services, which declared it illegal for a seigneur in some provinces to put to death *more than two serfs* in order to warm his feet, by putting them in their entrails, when returning from hunting. This appears hardly credible; but the

Mercheta Mulierum, or right of the seigneur to lie with his vassal's wife the first night of her marriage, before her husband, was common to France with other feudal countries, and was long claimed in some parts of the kingdom by the seigneurs. —See *Histoire de la Revolution, par Deux Amis de la Liberté*, ii. 212."

Medical News.

THE Medical Association held its usual monthly meeting on the 9th instant, when an interesting paper on rheumatism, having especial reference to its nature and causes, was read by Dr. McCarthy.

THE monthly meeting of the Medical Society was held on the 7th instant, when a paper on a case of small-pox was read by Dr. Van Hemert. In the course of the discussion which ensued, it is stated that an opinion was pretty "generally expressed" that chicken-pox and small-pox are identical. A very pleasant conclusion, and one which, if correct, is calculated to disabuse people of their old-fashioned dread of small-pox.

THE CORONERS' STATUTE AMENDMENT BILL.—The clause of this bill, prohibiting all *post-mortem* examinations without the written authority of a coroner, was rejected by the Legislative Council on the 22nd ult without a division.

REMARKABLE ACCIDENT.—On Saturday evening, 3rd instant, a little girl, while playing along with other children on the pavement in front of a saw-mill near the top of William-street, had both her legs severely scalded by a body of steam and boiling water which issued from the mill through a drain into the street gutter. We hope the municipal authorities will prohibit the present dangerous and disagreeable practice of discharging large quantities of steam and boiling water into our thoroughfares.

THE alleged occurrence at Sydney, in the person of a young man, aged 25, of a case of genuine Asiatic cholera, terminating fatally in about 24 hours—the newspaper accounts of which, in the first instance, described the sufferer as having been affected with violent cramps, purging and vomiting, succeeded by blueness of the surface and collapse—turns out, after all, to have been a much more commonplace disorder, respecting which the *Sydney Morning Herald* contains the following explanation:—"We have ascertained that the case was simply one of British cholera, acting on a very bad constitution. The deceased had been unwell for two or three days prior to his illness assuming a serious character. He was a man of weak, unhealthy constitution, and had been a good deal exposed to cold and damp previous to his last illness."

COLONIAL fever, of a severe type, is reported to be prevalent at Avoca.

THE ship "Furness Abbey," from London, was quarantined for four days, on account of the occurrence of three cases of small-pox on board during the voyage.

DR. T. F. JORDAN has been appointed Public Vaccinator for the district of Smythesdale, *vice* Dr. Barnett, resigned.

WE perceive that Dr. Richardson, a gentleman officially connected for some years with the Ballarat Hospital, has announced himself as a candidate for the expected vacancy in the medical staff of the Melbourne Benevolent Asylum, occasioned by the appointment of Dr. Fetherston to the Lying-in-Hospital.

HEALTH OF THE METROPOLITAN DISTRICT.—The Registrar-General reports that 320 deaths—of which 186 were males, and 134 females—occurred in the city and suburbs, containing a population of about 140,000, during May, 1869. The deaths under five years, amounted to 138; and those over that period, to 182. The mean temperature of the month was 51.7°; the average mean temperature of May for the ten previous years having been 53.3°. One death was occasioned by small-pox.

THE ORDER OF CREATION.—Professor McCoy's recent lecture on this subject has been criticised at some length by "Opifer," in a long and able letter published in the *Age*, in which the writer enumerates several blunders and mistakes on the part of the learned professor.

ABUSE OF HOSPITAL CHARITY.—We are informed, on the very best authority, that a certain Government clerk has been receiving gratuitous medicine and advice at the Melbourne Hospital in the character of a pauper patient. This institution cannot surely have been intended to meet the case of a Government official, in the receipt of a handsome salary, and who is moreover, we understand, an unmarried person. The Managing Committee would be doing the institution a great service by publicly exposing such an instance of degrading meanness.

THE MELBOURNE LYING-IN-HOSPITAL.—In a short paragraph in the *Argus* of the 5th instant, evidently inserted for the purpose of influencing the then pending election of medical officers to the above institution, we notice no less than two misstatements. One is to the effect that the object of the meeting was to "complete" the incorporation of this charity, whereas the institution was *fully* incorporated so far back as December, 1864, soon after which the meeting held on 5th inst. should have been convened; instead of which, the affairs of the institution have been

carried on ever since illegally, for which course no explanation was offered to the meeting, except the statement of a "legal" member of the committee, that at a meeting of the committee held after the *actual* incorporation of the institution, "it was decided that incorporation was not necessary." Comment upon this would be superfluous. The second misstatement to which we refer, asserted that the Charitable Institutions Statute "distinctly recognises the existing rules, and prohibits the passing of others until one month from that date," whereas it does no such thing. The only arrangement prior to incorporation recognised by the statute is a provision that, pending the calling of the meeting to appoint new officers, the existing staff should be temporarily continued in office. Moreover, new rules may be made at once, although they cannot take effect until one month after being confirmed by a general meeting of the subscribers. Although an effort made at the meeting to increase the medical staff from two to four was not sustained, nevertheless it was partially successful, an additional member having been added to the honorary staff in the person of Dr. Fetherston, of Prahran. With much worldly wisdom, Dr. Tracy became the supporter of the proposition to elect three medical officers only.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: THURSDAY, JULY 15, 1869.

"Ne sutor ultra crepidam."

HAD the proceedings at the recent meeting of contributors to the Melbourne Lying-in Hospital answered no other good purpose, they have at least demonstrated what may be accomplished by the unlimited bounce of the chief actor on that occasion. In order that our readers may fully comprehend the proceedings to which we refer, it is necessary to state that, in our issue of 15th June, we called attention to the extraordinary position of the Melbourne Lying-in Hospital, the management of which had for nearly five years been carried on in defiance of the statute under which this Institution had been incorporated, so long back as December 1864. We took occasion at the same time to recommend an augmentation of the honorary medical staff, from two to four, basing our recommendation on the ground, that permitting the experience and opportunities of gaining

knowledge and skill afforded by that Institution to be monopolised by any one or two medical men was prejudicial to the public interest, and injurious to medical science; in which opinion we were borne out by the experience of a gentleman formerly resident in the Institution: we also remarked that the charity itself could not fail to be benefitted by having a larger staff available for consultation in cases of difficulty and doubt, as well as in emergencies. A considerable number of the subscribers coincided in this view, and decided to advocate an augmentation of the staff, by the addition of two surgeons. For the purpose of making the subscribers acquainted with the reasons for the proposed increase, some copies of an article in the *Medical Gazette* were reprinted by a subscriber, in the form of a circular, and distributed amongst the contributors. The gentlemen who advocated a more numerous staff were solely actuated by an honest conviction that a larger staff would be conducive to the best interests of the Institution, of the public, and of medical science; and were not influenced in the slightest degree by personal motives, in which respect their conduct was honourably distinguished from the ungenerous and splenetic behaviour of Dr. Tracy towards his former colleague, the late Dr. Turnbull (a man long known, and of high standing in his profession in this city, before Dr. Tracy's name was even heard of), to procure whose rejection from office, some years since, in favour of a less dangerous rival, he exerted all his influence. The advocates of a larger staff entertained not the remotest desire either to displace, or in any respect to interfere with, the holders of office; indeed it never occurred to them that the addition of two more medical men to the Institution could or would have been construed into an attack upon the staff; were such a monstrous and impertinent principle once admitted, no public charity could have its honorary officers increased without the permission of the existing office bearers—a position as absurd as it is unworkable; past experience of Melbourne medical charities proves that the incumbents of office, with a few honourable exceptions, are influenced by the most glaring selfishness, and regard any attempt to extend the usefulness of our public institutions, by rendering their advantages more accessible to the general community and the profession, as

a personal affront, and an invasion of their vested rights. The great consideration, apparently, with these officials being, not among how many medical men the public welfare requires that the advantages of our charitable institutions should be diffused, but rather, by how few they may with decency be monopolised. Having premised thus much, it may be stated that the real business of the meeting only commenced when the number of the medical staff came to be determined upon. Mr. Dickson, in a temperate and sensible speech, led the vanguard of reform by moving that the number of the honorary staff be four; he was immediately followed by Dr. Tracy, who, on this occasion, if possible, surpassed all his previous performances, in a speech compounded of vulgar abuse of those gentlemen who were guilty of the heinous crime of differing from him in opinion, and of nauseous and disgusting self-glorification. His remarkable deliverance set out with a misrepresentation that the Lying-in Hospital had enjoyed the inestimable advantage of *his* splendid talents for fourteen years, although the Institution is not yet quite thirteen years in existence, an exaggeration so trifling, compared with his other reckless assertions and unfounded accusations, that it might perhaps be permitted to pass unchallenged. Referring to an article published in this *Gazette*, Dr. Tracy stated that the subject of an increase in the staff had been brought before the subscribers in an "indirect" manner. We are unable to comprehend what he means by the term "indirect"—the article of which Dr. Tracy seems to have such a horror having, in the first instance, been published in the *Medical Gazette*, some copies of it were subsequently reprinted, and circulated by subscribers to the Hospital totally unconnected with this journal, for the information of the contributors. In this we can perceive no indirectness; on the contrary, it would appear to be as straightforward a course as it is possible to conceive: the trumped up charge of indirectness, we dare say, answered Dr. Tracy's purpose, and was, besides, in admirable harmony with the tissue of conceit and unfounded assertion in which he chiefly dealt on this occasion. Another of his misrepresentations was to the effect, that a charge of neglect and inefficiency was made against the staff in the circular; but on referring to the article, it will be seen that no such charge,

either express or implied, was made, or intended to be made. Dr. Tracy further asserted, but without adducing a particle of proof beyond his own bare assertion, that the advocates for increasing the staff were influenced by personal spite towards himself. We unhesitatingly affirm that there is not a scintilla of truth in this statement, which admirably suited his purpose to mislead the subscribers, and represent himself as an injured man. The proposal to increase the staff was made in the *bona-fide* belief that it would be productive of advantage to the Institution and to the public—an object paramount to the selfish interests of any medical man. Dr. Tracy must have a very exalted opinion of his own importance to impute the proposal to personal antipathy to himself. We take leave to tell him that the advocates of the proposed increase are not so unconscious or oblivious of personal honour and credit as to entertain feelings of either envy or spite against one in whom they acknowledge no superiority. The fact is, that this gentleman has been so long accustomed to the language of adulation from the smaller lights which revolve around the would-be great luminary, that the plain, unflattering terms of sober truth grate harshly upon his ears; hence his impotent rage against the *Medical Gazette*. We think those persons who opposed the increase of the staff were bound to adduce some reason for their opposition. If the increase were prejudicial to the Institution there could have been no great difficulty in making it apparent; but nothing of the kind was attempted; and, in the absence of any proof of its injurious tendency, we conceive the subscribers were bound, as a matter of course in the interest of the Institution, to concede the alteration. But it would almost appear that Dr. Tracy's interest and predilections are paramount to every other consideration. This gentleman was very anxious to inform his hearers that he seldom or never read the *Medical Gazette*, the perusal of which had evidently such a disastrous effect upon his equanimity. We may inform this gentleman that it is to us a matter of supreme indifference, amounting almost to contempt, whether he reads this *Gazette* or not, being fully aware that it must stand or fall on its own merits.

Before concluding, we humbly venture to enquire what are the wonderful operation or

operations, on the alleged performance of which, at this hospital, he was so eloquent, and which have seldom or ever been performed so successfully elsewhere? Can reference be made to certain operations on "phantom" tumours and uterine enlargements, to the cure of which the unassisted efforts of nature are usually adequate; or to the operations devised and perfected by the genius and talent of a Baker Brown, a Spencer Wells, a Graily Hewitt, or a Marion Sims, and a whole host of other really eminent men, of whom it is, or rather should be, Dr. Tracy's greatest boast that he is a more or less successful imitator and humble follower; at the two former of whom he had the modest assurance to sneer, as men who were "never connected with any lying-in hospital"—of the value of which statement we leave our readers to judge, knowing they are well aware that one of those gentlemen had been for years accoucheur to the puerperal department of St. Mary's Hospital, London; and that the other is the founder of one of the most celebrated institutions in the world for the treatment of diseases peculiar to women.

Dr. Tracy's exquisite modesty, in proposing himself as one of the candidates, needs no comment; it is worthy of the rest of his demeanour on this occasion. A man conscious of personal merit, or imbued with fine or generous feelings, would have abstained from such an unseemly proceeding, but, on the contrary, would have left the subscribers to the free exercise of their own discretion, without interference or dictation. By pursuing such a course, he would not only have disarmed opposition, but would have conciliated the good opinion of those who might differ with him, instead of having, by an exhibition of extremely bad taste and coarse vulgarity, rendered himself an object of pity to every person whose good opinion is worth possessing. His whole conduct on this occasion was as contrary to good taste as it was little creditable to himself. It would appear that circulars are only objectionable when resorted to by those who differ from Dr. Tracy, he having himself made a liberal use of them to summon his supporters to the meeting for the transaction of "most important business." This gentleman modestly took great credit to himself before the meeting for not resorting to newspaper puffery. We have nevertheless a lively recollection of the time when the advertising columns of the daily

press groaned under the repeated announcement of "Dr. Tracy on Ovariectomy." Most persons who know anything of this gentleman will doubtless agree with us in thinking that the aid of the press would be superfluous to one who can so lustily and indefatigably sound his own praises. In fine, we have no desire to be either unjust or severe towards Dr. Tracy, who, like other men, possesses his good points as well as his failings. If we might venture to make a suggestion, it would be that so long as a man's demeanour is characterised by coarseness, arrogance, and assumption, so long will such conduct provoke criticism, not always perhaps to his advantage.

Medical Annotations.

THE THERAPEUTIC ACTION OF BROMIDE OF POTASSIUM.

By SYDNEY RINGER, M.D., Professor of Therapeutics at University College, and Physician to University College Hospital.

(Concluded from page 136.)

IN no complaint is the bromide of potassium used with greater advantage than in epilepsy; but it is not equally useful in all forms of the disease, as attacks of petit mal are mostly uninfluenced by this drug. It is the convulsive form of epilepsy which is so remarkably amenable to the bromide. All authorities are agreed on the great power the bromides have over this form of epilepsy. In by far the larger number of cases the fits, under its influence, become much less severe and less frequent. Even when of great frequency and severity, when repeated perhaps several times a day, their recurrence may be postponed for weeks, and even months; nay, in some cases, the return of the fit has been delayed for years. As might be expected, the effects of the drug are most pronounced when the disease is of short standing.

Cases of the convulsive form, however, occasionally occur over which this salt appears to exert no influence, and in which the fits are as severe as when no medicine was taken. Neither is it possible at present to foretell in which instance the medicine will succeed, and in which it will fail. In the treatment of epilepsy, this remedy should be given in doses of from ten to twenty grains, and be repeated three times a day. If the attack occurs only at night, then a full dose of thirty grains should be taken at bedtime, and this will be found the best way to avert the fit. It may conveniently be taken in beer. The bromide may be con-

tinued for months or years if the patient is only benefitted, and not cured, by it. But its administration should be at times omitted for a few weeks, or the system becomes accustomed to its presence, and it then loses its power over the disease, so that it not uncommonly happens for the good effects, which were marked at first, to altogether cease, and for the fits to recur with their old severity and frequency. If the drug be now withheld for a time, on resuming it, all its former influence over the attacks will be restored, and the patient a second time benefitted by its use.

Concerning the influence of the bromide of potassium on the convulsions which sometimes accompany whooping-cough and laryngismus stridulus I have already spoken. In all other diseases which are accompanied by general convulsions, the bromide should be resorted to, and will often succeed. Of course, when possible, the exciting cause of the convulsive attacks should be removed; but when this proves to be impossible, or if it cannot be discovered, this salt will often be found sufficient to control and prevent the attacks.

The convulsions caused by worms in the intestines sometimes resist completely the influence of this remedy. The convulsions which accompany simple meningitis, or which continue after the inflammation has declined, but has left serious damage behind, may often be checked by the bromide of potassium.

This salt has of late been much recommended by Dr. Begbie as a soporific, and has been found of special use in removing the sleeplessness which not unfrequently occurs during the convalescence from acute diseases. It is often of service for the same purpose, even during the febrile stage of inflammatory and specific fevers, such as pneumonia, rheumatism, or typhoid fever. In sleeplessness from other causes, as overwork, grief, dyspepsia, etc., it may be employed, with the expectation of success.

In delirium tremens, the bromide of potassium is often of conspicuous benefit by removing the delusion and calming the delirium, and by procuring sleep. Its usefulness is most apparent in the earlier stages of this disease, before the delirium has become furious, and is also of very great service in removing any delusions that may remain after the attack has been partially subdued.

When used to produce sleep, fifteen to thirty grains should be given at night-time, and if this should prove insufficient, the same dose may also be taken in the morning.

When employed in delirium tremens, twenty to thirty grains, or even more, of the drug may be given every two hours till the patient is made to sleep. As a soporific the salt often succeeds when opium has failed.

Dr. Begbie, who has drawn attention to the in-

fluence of the bromide of potassium on the complaints of which we are now speaking, recommends it to be given to persons who have overtaxed their brain by study, or a too close application to business. In such it calms the excitement, procures sleep, and removes from them the giddiness, noises in the ears, and perversions of the external senses which may be present. In such cases it is most invaluable. He also recommends the salt in acute mania.

It sometimes happens that women in the latter months of pregnancy become the subjects of the most frightful imaginings at night. They are under the impression that they have committed, or are about to commit, some great crime and cruelty, such as murdering their children or husband. These delusions may be removed, and in their place, calm, refreshing sleep be substituted, by the influence of bromide of potassium.

Bromide of potassium is of great service in preventing that form of night screaming of children which appears to be allied to nightmare. Children with this complaint may be but a few months, or several years old. Sometimes the attacks occur only once or twice a week, as is usually the case with the older children, or they may be repeated several times each night. The screaming may continue a few seconds or several hours. These children, while screaming, are generally quite unconscious of what is occurring around them, and cannot recognise, nor be comforted by their friends. They are generally horribly frightened. At other times, a somewhat similar condition is met with in children a few years old—a state very similar to somnambulism. The child gets out of bed while fast asleep, walks about the house, and performs, quite unconsciously, various acts such as it does when awake. This state is not accompanied by any terror. With the screaming and fright which have just been mentioned, there sometimes occurs squinting, which, after a time, becomes permanent. The screaming may be prevented and the squinting removed in such cases by the bromide of potassium. This affection in children is very generally connected with deranged digestion, and when such is the case, the state of the stomach or intestines should be attended to. But if no such derangement be present, or in spite of such, the bromide will give good and refreshing sleep. The nightmare of adults will generally yield to the same medicine.

Men, and especially women—more usually those who inhabit towns—may become the subjects of great despondency. At times, this is so bad as to make them, as they express it, “feel as if they should go out of their minds.” This distressing condition can very generally be removed by the bromide of potassium.

Dr. Begbie has used the same salt with very

great advantage in some cases of asthma, and also of diabetes. It sometimes relieves the pain of neuralgia.

It is also used with most decided benefit for its influence on the organs of generation. Its power to check some forms of menorrhagia is equal if not superior to that of any other remedy we possess. Over that form of flooding, which depends on tumours of the uterus, it has less control than ergot and some other remedies. Its administration to check profuse menstruation must be regulated by the circumstances of the case. If the loss of blood occur only at the natural menstrual period, it will be sufficient to begin the medicine about a week before the loss of blood is expected; and when this has for a time ceased, the medicine should be discontinued till the next attack is about to begin. If, on the other hand, the loss of blood occurs every fortnight, or oftener, the medicine must be given without any intermission till the disease is well controlled; and when the discharge has been brought to its right period and amount, it is desirable to give, for a short time, before each monthly period, a few doses of the medicine. This remedy has been recommended by Dr. Begbie in nymphomania, and puerperal mania. It is also employed to stay the unnatural discharge from persons who suffer from frequent seminal emissions. I have no doubt, from my own experience, that the drug does possess in a high degree this power. Its employment should be supplemented by cold sponging of the scrotum and perineum, and the suspension of the testicle in cold water for some minutes night and morning.

It is useful in allaying various forms of hyperæsthesia; and sometimes eases the severe pain of chronic arthritis.

If the medicine be continued for a long time, as sometimes happens in the treatment of epilepsy, its physiological effects become apparent. "Diminished sensibility, followed by complete anæsthesia, of the soft palate, uvula, and the upper part of the pharynx, is the first symptom that the patient is getting under the influence of the drug. The sexual organs are amongst the first to be influenced; for there is soon produced failure of sexual vigour, and, after a time, marked diminution of the sexual appetite itself. Another frequent if not constant result from the prolonged administration of the bromide, is an eruption of small boils, in successive crops, chiefly over the face and trunk, and accompanied with troublesome itching," (Bazire.) It also produces bodily and mental depression, and the patients become low-spirited, and subject to gloomy ideas, and are soon fatigued and unfitted for work. On the suspension of the medicine, all these symptoms and appearances soon subside.—*Lancet*.

POISONING BY IMPURE CARBOLIC ACID.

By EDWARD SWAIN, Esq., Assistant Medical Officer, County Asylum, Brookwood, Surrey.

ELLEN C—, aged thirty, a hawker, admitted into the County Asylum, Brookwood, Surrey, May 16th, 1868, suffering from dementia, in all probability caused by intemperance in alcoholic fluids. During the morning of the 10th October following, she had an apoplectic seizure, producing hemiplegia of the left side. This gradually improved, until she became able to walk without difficulty; but the use of the arm did not return, and she was much troubled with twitching of the muscles, and severe neuralgic pains in it. It is necessary to state these particulars of her history, to account for certain *post mortem* appearances.

On the night of March 4th, 1869, she was ordered to take a dose of house medicine (salts and senna), and, asking the attendant for it when busy putting the patients to bed, the latter in her hurry ran to the closet containing the medicines, took up a bottle holding impure carbolic acid (which is largely used here for disinfecting purposes), and poured into a medicine glass nearly an ounce and a half, of which the patient drank rapidly, not noticing the peculiar smell and taste. Immediately her lips and tongue became white; she stood with her mouth wide open, and complained of intense burning pain down the œsophagus and stomach. She took some water to relieve the pain, and experienced no difficulty in swallowing. One of the attendants attempted to produce vomiting without effect. For four or five minutes the patient spoke rationally; there was then noticed a hesitancy of speech, and this speedily became a stammer; at the same time she was perceived to totter in her walk, and would have fallen had she not been placed upon a couch, where she at once became insensible. In this state I found her on my arrival, about eight minutes after the poison had been administered. She was unable to swallow; the stomach tube was therefore passed, and through it the contents of six eggs were introduced into the stomach, with the idea of causing the carbolic acid to combine with the albumen rather than with the coats of the stomach. Afterwards, a quantity of water containing magnesia was injected for the purpose of removing, if possible, all its contents, and the action of the stomach pump was reversed; this was done several times. The fluid drawn off had the intense odour of the acid. Her breathing was noticed to become more stertorous, and, as she appeared at the point of dissolution, the stomach pump was withdrawn, and artificial respiration performed for nearly half an hour by Dr. Silvester's method. She then seemed to breathe more easily, but again became worse, and died a

little more than an hour after the exhibition of the poison.

The pupils, as far as could be ascertained, were insensible to light, equal, and neither dilated nor contracted. The pulse was very frequent, small, thready, and intermittent. Her extremities were warm up to the time of her death.

AUTOPSY, FORTY HOURS AFTER DEATH.—The body was tolerably well nourished. Rigor mortis well marked. The *lips and nares* were blistered; but there was no other external abnormal appearance. Head: The scalp was congested; the sinuses of the dura mater were gorged with blood of the colour and consistence of tar. The blood-vessels on the surface of the brain were very full. Over the right cerebral middle lobe, there was a decolorised clot, of the size of a flattened walnut, binding together the whole of the membranes, and encroaching upon the brain-substance. This was tolerably healthy, but paler than is generally seen. The weight of the cerebrum and cerebellum was 44 oz. Lungs and heart: These organs were healthy, the chambers of the heart being quite empty. Liver: This was much enlarged, weighing 95½ oz. When incised, there was a strong odour of carbolic acid perceptible in its substance. Spleen: On incision, this organ smelt strongly of the acid. Kidneys: The left was much congested, quite purple in appearance, and weighing 7½ oz.; the right was also congested, its weight being 7 oz. On incision, they both smelt very strongly of the poison. Mouth: Mucous membrane and mouth were whitened. Oesophagus: This was congested, and the mucous membrane peeled off at the slightest touch. Stomach: Contained a quantity of brownish-red, grumous fluid, smelling very powerfully of carbolic acid. This fluid was detected down to the middle of the ileum. When washed, the mucous membrane of the stomach was found congested; this was intensified towards the cardiac end. About two inches from the opening of the oesophagus, there were two groups of spots; one on the anterior, the other on the posterior, surface. The spots varied from a line to a quarter of an inch in diameter; and each one was characterised by a central black portion, and a surrounding areola of greenish hue. About some of the spots, the mucous membrane appeared abraded. On the lower part of the posterior surface, behind the attachment of the great omentum, there was a tract of green discoloration, about 6 in. long, and from ½ in. to 1 in. in width. The mucous membrane of the intestinal canal did not appear to be changed.

REMARKS.

There are several points of interest in connection with this case:—

1st. The rapid manner in which death was pro-

duced—viz., in about an hour. This I attribute to the injury to her system produced by her previous habits of intoxication, and by the extensive brain-lesion found, rendering her unable to resist the shock produced by so powerful an irritant.

2nd. The detection by the smell of the carbolic acid in almost all the internal organs, especially the liver, spleen, and kidneys. And in this way I think a poisonous dose might at any time be detected when administered feloniously.

3rd. The rapid manner in which it had made its way through the small intestines. Probably it had caused paralysis, and therefore dilatation of the pylorus, as the intestine was full of the brownish-red fluid.

4th. It was very noteworthy that no decomposition had occurred where the carbolic acid was; but below the point of contact cadaveric decomposition had commenced, and was distinctly visible, contrasting strongly with the parts penetrated by the acid.

5th. The green stain in the stomach gave me at first the impression that it was produced by bile; but by its peculiar form, I became convinced it was caused by carbolic acid, together with the chemical reasons stated below. In the "British Pharmacopœia, 1867," it states: "A slip of deal dipped into it, and afterwards into hydrochloric acid, and then allowed to dry in the air, acquires a greenish-blue colour." Thus, after death, the carbolic acid having by its greater specific gravity (1.065) fallen through the other liquid, it came in contact with the stomach and its secretions, of which hydrochloric acid probably forms a portion, and so the green stain may have been formed. (?)

—*Lancet*.

FRACTURES OF THE LARYNX.

FROM a paper of some length, by Dr. Fredet, in the *Gazette des Hôpitaux*, on a case of triple fracture of the cricoid cartilage, we extract the following observations:—

L—, æt. 30, in a quarrel was seized by the throat by a strong antagonist, who knocked him down, and held him for some seconds. He was unable to rise, or to articulate, and his face was deeply flushed; he was at once carried home to bed.

Next morning, when seen by Dr. Gagnon, L— was in a state of extreme dyspnoea, and quite livid. On the sides of the neck, corresponding with the lower border of the larynx, were slight marks of ecchymosis. The cellular tissue of the front of the neck was emphysematous. No crepitus, or any movement of fractured surfaces could be felt. Leeches were ordered, and after their application the swelling diminished, and breathing became so much easier that tracheotomy was postponed; however, in the course of the

night, during a change of posture, the patient died suddenly.

At the post-mortem examination the larynx was carefully removed, and on dissection a triple fracture of the cricoid was discovered, along with a partial dislocation of the left arytenoid cartilage. Considerable œdema of the glottis was present.

The death seemed to have been caused by a sudden displacement of a fragment of the cricoid and the corresponding arytenoid; which, pressing on the already diminished glottis, caused asphyxia.

Other cases of this very rare accident are detailed. One recorded by Dr. Cavasse, caused by a fall downstairs—fatal. Another caused by a carriage accident, saved by tracheotomy, by M. Maissonneuve. Another caused by a blow from a piece of coal—recovered. Another recorded by Marjolin, when the thyroid was split by a woman's hand in a quarrel. Two others by M. Martin-Damourette and Plonck, in which instant death was caused by fracture of the thyroid. Another set collected by Gibb, are well known in this country. Dr. Fredet divides the cases he has collected, for practical purposes, into two sets. 1. Simple fractures, which are accidents so trivial that rest and silence are sufficient for a cure. 2. Complicated fractures. A. Causing instant death. B. Accompanied by suffocation, cyanosis, etc. In these, death may occur at any moment from displacement of fragments or œdema; and tracheotomy ought to be performed as a precautionary measure.—*Edin. Medical Journal*.

THE DRY-EARTH SYSTEM FOR WOUNDS.

THE "dry-earth system" has achieved a new triumph in America. It was introduced by Dr. Hewson into the Pennsylvania Hospital in Philadelphia, and met with such favour, that it is to be forthwith substituted for water-closets in that institution. But more than this, the dry sifted earth has been used as an application to offensive wounds with magical effect.

There was a case of compound fracture so offensive that it defied the effects of ventilation and the usual disinfectants. The wound was covered with dry earth, the odour was absorbed, and with the abatement of this came a speedy improvement in the character of the wound.

Encouraged by this result, Dr. Hewson has applied it with marked success in the treatment of every other disease attended with profuse and offensive suppuration—ulcers of the leg, contused and sloughing wounds, gunshot wounds, severe burns, cancer. In all these it is said to have succeeded beyond expectation, and it is now proposed to apply it to small-pox—the most offensive and virulent of all maladies.

It must be remarked that, although the particular

form of application is new, the principle is an old one.

There are three modes of dealing with offensive suppurating wounds, such as burns. One, by covering them with some powder which shall absorb all moisture, and so prevent decomposition and smell—and we need only refer to the flour, charcoal, magnesia, chalk, and other substances which have been employed, and of which charcoal is the most effective; time must show whether earth will displace it. Secondly, there is irrigation—the keeping the wound in a perpetual stream of warm water, which constantly washes away all impurities. Thirdly, the use of antiseptics and deodorants, of which the chloride of soda, creosote, carbolic acid, chloride of zinc, and glycerine with bismuth, are the best of their respective sorts. It must be observed, however, that the dry system has many advantages over the wet; it is, on the whole, less troublesome; and we are quite sure there are many wounds and local diseases which are aggravated by the incessant use of wet applications. The old poultice is a mischievous thing if used beyond the short stage of acute pain, and tension which usher in suppuration, and the favourite "water-dressing," applied to wounds attended with no heat or increased action, is too sedative and enfeebling.—*Medical Times and Gaz.*

ON FATTY DEGENERATION OF THE HEART—BY W. C. KRYLOW.—From his observations, conducted under the direction of Dr. Roudruff, of St. Petersburg, the author concludes,—1st, That fatty degeneration of the heart is not confined to people advanced in life, but occurs more readily in them than in younger people. 2nd, That the typhoid processes, especially when accompanied by other severe diseases, induce it. 3rd, That fatty degeneration of the heart is frequently caused by long-standing diseases of bone, suppurations, phthisis pulmonalis, and emphysema. 4th, Chronic alcohol poisoning seems to induce the extremest degeneration.—*Virchow's Archiv, Edinburgh Medical Journal*.

Birth.

EMBLING.—On the 2nd July, at Sturt-street, Ballarat, the wife of Dr. W. Henry Embling, of a son.

Notice to Correspondents.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MASSIMA, AND Co., 72 Little Collins-street East, Melbourne.

DR. M'CARTHY'S paper on Rheumatism will appear in our next issue.

PUBLICATIONS RECEIVED.—*The Medical Press and Circular* for March 17, April 14, and 21. Dr. Hunt's pamphlet on "Colonial Fever."

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

BY ROBERT BOWIE, M.R.C.S.

(Continued from page 149.)

THE following replies to the other clauses will explain themselves.

At Malaga, on two very recent occasions, certain persons of rank, arriving there from places infected with the cholera, were admitted immediately. A royal ordinance has been issued, that troops and military stores coming from infected ports shall not be subject to quarantine.

At Vigo, during the whole of the winter 1859-60, while the cholera was raging in Africa, and it was well known that the Spanish army had suffered severely from this disease—having lost, according to public report, as many as 10,314 of its members, yet all vessels arriving from Ceuta, with sick and wounded on board, had been freely admitted to pratique in the ports of Spain.

At Genoa, in ordinary seasons, ships of war of all nations are not subject to the same questioning and to the same discipline as merchantmen. It suffices that the surgeon on board, or the captain, certify on his word of honour the condition of the crew and passengers, as well as all circumstances of the voyage.

At Naples, ships of war, unprovided with bills of health, are not treated as having foul bills; the parole of the officer in command being, since February, 1857, accepted instead. Even when they arrive from an infected or suspected port, the usual restrictions may not be imposed, if the sanitary authorities are satisfied.

At Malta, in the case of a man of war, the voyage is sometimes reckoned as part of the quarantine, at other times it is not.

At Gibraltar, a medical certificate greatly facilitates pratique. In the case of ships of war, the voyage from the date of leaving the last port is generally reckoned as part of the quarantine.

At the Piræus. no difference is made between men of war and merchantmen; but the former, as well as yachts, have this advantage, that they have no merchandise on board, and the quarantine can only date from the time of landing the cargo. No exception is ever made in favour of any personages; and even his Majesty the King of Greece has had to conform to the laws. But, during the late Russian war, there being a military occupation here, the French authorities forced the health officers to give pratique to Prince Napoleon. There is no doubt that the health officers can do what they like. Thus,

when, in 1856, Admiral Parker's squadron hove in sight, the board suddenly came to a decision to put the Piræus into quarantine. It is a general opinion in the Levant that political motives are often at the bottom of measures taken in respect to quarantine.

Turkey.—In most Turkish ports the quarantine of men of war, yachts, etc., is shorter and less stringent than on merchant vessels. "A quarantine officer," remarks Consul Sandeson, "would be very cautious of interfering with the pleasure or convenience of any royal personage or high Turkish functionaries; and much or all might depend on the respect voluntarily paid to the regulations by any person of conspicuous rank, and coming in a yacht."

At Rhodes, no difference is made in favour of high personages, unless special instructions from Constantinople have been received, as recently, on the expected visit of Prince Alfred.

ILLUSTRATIONS OF QUERY VI.

When a disease which renders all arrivals from an infected or suspected place liable to quarantine has been officially certified to have ceased, and when clean bills of health are received by the local authorities, what period, if any, must elapse before free pratique is granted to arrivals from the place or port?

It may not be generally known that, after the existence of a disease in a place has been officially declared by the civil authorities to have ceased, and when clean bills of health are issued by them, arrivals therefrom are often not admitted to free pratique in several countries for some time afterwards, in order to provide, as is believed, still more effectually against the risk of importation.

In the countries which have adopted the recommendations of the International Conference as the base of their quarantine code, the following periods must elapse, after the official declaration by the civil authorities of the cessation of the disease in the infected place, before free pratique is granted to arrivals therefrom:

| |
|------------------------------------|
| 30 days in the case of the plague. |
| 20 " " yellow fever. |
| 10 " " cholera. |

In some of the Spanish ports, as at Vigo, the length of the period required to have elapsed appears to be still greater. In the instance of the cholera at Galicia, four years ago, forty days were fixed after the official date of its having ceased. The same period of forty days is stated to be the interval required at Genoa.

At Lisbon, the recommendations of the International Conference are acted upon.

At Naples it is enacted by the quarantine code that when the plague has been declared to have ceased in a place, a period of from thirty to forty days is required to have elapsed after the latest

ascertained case, whether of death or recovery, before clean bills can be received from it. In the case of yellow fever, a clear interval of from twenty to thirty days; and in that of cholera an interval of twenty days must have elapsed. Even after these precautionary intervals have elapsed, a quarantine of observation, of from seven to ten days for the plague, and of from four to seven days for the yellow fever and the cholera, is imposed upon arrivals from the suspected countries before pratique is granted. At the Piræus, it must be eight days after the declaration of the ceasing of a malady before clean bills are given, and the same number of days after the disease has been declared to have ceased in a foreign port, that arrivals from such port are admitted to pratique.

The Greek authorities are much influenced on this subject by the reports of their consuls. At Corfu, when the cessation of a disease in the port of departure has been officially certified, the arrivals from such place are admitted to free pratique, after a medical visit, a few days after the total disappearance of any sickness of a contagious nature. At Malta, a bill of health is considered necessary after the expiration of forty days from the last case of plague. At Gibraltar, when the cessation of a disease in an infected or suspected place is notified by the British consul, or on receipt of clean bills of health therefrom, immediate pratique is given.

ACUTE RHEUMATISM, ITS PATHOLOGY AND CAUSES.

By CHARLES M'CARTHY, M.D.

(Read before the Victorian Medical Association, 9th July, 1869.)

(Continued from page 150).

WHAT is the nature of this poison, which is produced in the laboratory of the system while the chemical and vital forces are building up and taking down the fabric? and what are the causes which derange this most exquisite machine in its most perfect construction? and what are the circumstances which make this derangement manifest? Of these three questions the first is the most difficult, inasmuch as we are not only ignorant of the *various stages* of chemical and vital alterations and decompositions, but we are ignorant even of the ultimate result of the process. We are informed that there are usually two acids in the stomach, namely, muriatic and acetic, and also lactic acid in irritation. It is the two latter acids that are specially noticed in the secretions of rheumatic patients, especially in that of the skin, and lithic acid through the kidneys, as lithate of ammonia, not lithate of soda as in gout. It is not probable that these substances exist completely formed in the blood, but are formed when

the blood is parting with some of its constituent parts in the capillaries; in nature undisturbed, the ramification of the arteries in the capillaries, and the commencement of the veins and lymphatics, all operate together in the building up and taking down, in a manner not to be imitated by the hand of any created being. This is the little busy field which the sacrifice of all the frogs' legs in the universe will never explain; this is the spot which baffles the philosopher, and confounds—and, if possible, humbles—the infidel. Proto-plasm will not do, nor any other learned name, for what we do not understand.

Well, if we cannot understand all, let us at least observe and note that which disturbs the operations of this beautiful domain; and here two of the above-questions meet. Thus, cold and damp will disturb nature in this process in the capillaries, but not unless the blood be previously vitiated in the primary digestion by improper or insufficient food or clothing, fatigue, mental depression, or diminution of the nervous or vital energy, or by epidemic or endemic causes, or such as impair the power of generating heat, sudden changes of temperature, especially when combined with a peculiar electric state of the air and of the body. Of this latter relation Dr. Berncastle, in a late number of the *Australian Medical Gazette*, showed two remarkable instances in ophthalmic surgery. As in those killed by electricity the coagulation of the blood is more or less interfered with, might not this be owing to the separation of the fibrin, as occurs in rheumatism; hence another explanation of rheumatic pains previous to a change in the weather. It is also a well-known fact that in thunderstorms milk is converted into lactic acid. It is not necessary for me to enumerate the proximate exciting causes of rheumatism; with these you are quite familiar, as well as the hereditary nature of rheumatism. Having said so much, on general principles and from general observation, I now venture into the dark regions of theory, and seek assistance from every source, and direction from every traveller. I shall compare several opinions, and accept that which appears to me the most probable, because it is the most general; and where I cannot find any cause assigned, I shall assign one of my own.

I believe it will be granted that in the majority of cases, if not in all, the digestion is disordered before there is any manifestation of rheumatic symptoms. Dr. Prout states that the alimentary matters, which in the primary assimilation ought to become albumen, and the albuminous matters of the blood, which ought to be converted by the secondary assimilating processes into the living gelatinous and albuminous tissues, are, by the deficient or disordered operations of the vital processes, converted, in a greater or less degree,

into lactic acid and other unnatural combinations; these poisons causing ague in some, rheumatism and neuralgia in others. In these diseases large quantities of lactic acid are thrown off by the skin and kidneys; the lactic acid and urea are principally derived from the gelatinous textures in secondary mal-assimilation, as lithic acid is derived from the albuminous principles of the chyle, blood, and textures in gout. When the two acids are in large quantities, there is rheumatic gout.

Dr. Prout thinks that the common salt in the stomach is decomposed by some modification of electricity, the soda, going to the liver, making the bile alkaline, the lactic acid in the stomach being a sign of irritation and indigestion; and when the muriatic, lactic, and acetic acids are abundant, the alkaline secretions of the liver, pancreas, and intestines are unable to neutralise them, thus making the chyle—and in extreme cases the blood itself—acid. The chyle, passing through the infinitely small lacteals, brings these acids into close contact with the tissues, and with the veins of the abdominal viscera, the blood of which passes through the liver, where sugar is formed. The saccharine and the gelatinous matters are readily converted into sugar in weak digestion, and hence into lactic acid, and even into oxalic acid, butyric, and acetic acid; the healthy stomach converting the saccharine into albuminous and oleaginous principles, the weak stomach finding more difficulty in converting the saccharine than the albuminous or oleaginous into chyle, as we see in diabetes.

One very important and common cause of rheumatism is cold and moisture. How do they operate? They appear to me to operate thus:—The whole blood of the body passes through the capillaries; when the surface of the body is suddenly cooled, the capillaries contract, the arterial blood is not admitted; it is diverted into the internal parts, and the depurating and excretive power of the skin is stopped. Those substances which ought to have been excreted by the skin are thrown back upon the circulation, and thereby vitiate and alter other secretions, particularly the urinary, which acts so vicariously for the skin. Dr. Edwards proves that perspiration in extreme humidity is only one-tenth of what it is in dry air.

Again, as the arterial blood does not, in such cases, reach the surface to the amount of several pounds, and as the arterial blood contains more fibrin, and that not so readily soluble as the fibrin of venous blood, and moreover as the blood is evidently less alkaline than in health, this fibrin, from these combined causes, is easily separable from the fluid albumen, and is readily deposited on such favourable points as the valves of the heart, which, according to Dr. Chambers, are ex-

cited by changes of temperature. According to Dr. Flint, the capacity of the capillaries is from 500 to 800 times that of the arteries. The repelling of blood from a large secreting surface, blood which contains more inorganic salts than venous blood, and less water and alkaline carbonates, must have a very deleterious influence on that most excitable of all organs, that of perpetual motion—the heart, and particularly that part of it which is most fibrous or tendinous, the valves of the left side of the heart. Moreover, the application of cold and moisture has nearly the same injurious effects on the pulmonary circulation.

Speaking of the fibrous tissues brings me to one peculiarity of the rheumatic poison—its partiality for those tissues, such as the periosteum, the pericranium, the pericardium, the aponeuroses, the tendons, the membranes surrounding the lungs, the abdomen, the ovaries, the uterus, the testes, the spinal cord, and the diaphragm, and the envelopes of the nerves; in a word, the white tissues, and especially such as are necessarily in frequent motion. The more the disease attacks the fibrous tissues the more the heart is in danger, especially if erratic, for then it shows a low state of the vital powers. In respect of the heart, when rheumatism attacks the young, there is extreme danger of heart disease. Dr. Watson states that he never saw but one person under puberty attacked by acute rheumatism without pericarditis or endocarditis; and Dr. Latham says that, during many years in a large hospital, he saw but one or two cases of pericarditis unconnected with rheumatism; he says that he would rather have an attack of typhus than of acute rheumatism. Whether the severe pain felt in rheumatic affections of the white tissues depends upon the impermeability of these tissues to sudden influx of the red corpuscles, as we observe in sclerotitis, or upon a kind of congestion of the blood on the application of heat after cold, as in frost-bite, or upon the irritant quality of the blood on the small sympathetic nerves of the smaller vessels, or, lastly, to the distention of the nerves by fluid effused into the tissue or the neurilemma, it is quite evident that the indication for treatment should be to improve digestion, to neutralise the acid in the circulation, to assist the secreting, the depurating and the excreting organs, and to avoid the known exciting causes. When speaking of the treatment of rheumatism, I shall make some remarks on gout.

A MEETING of the Medical Society was held on the 4th inst. The principal business was the reading of a paper on the therapeutic action of *veratrum viride* in the treatment of aneurism (aneurysm?). A "hæmorrhage powder" was submitted for the consideration of the society.

SELECTIONS FROM FRENCH, GERMAN, AND ITALIAN MEDICAL JOURNALS.

(Translated for the "Australian Medical Gazette.")

ON THE NATURE AND CHEMICAL ACTIONS OF THE VINEGAR PLANT.

THE following is condensed from a paper read before the Academy of Sciences by Mons. M. A. Bechamp. In 1864 this gentleman read a paper showing that in the juice of some fruits (*ginko biloba*) the yeast plant acted as an alcoholic ferment.

He states that the vinegar plant obtained from acidified wine is of a finely granulated nature, resembling somewhat in appearance false membrane, and to be compared to a tissue in which the cellulose are not yet developed. The result of his experiments were:—

1st. That, preserved in vinegar, the plant retained its state unchanged as well when exposed to the air as submerged, but, as observed by Berzelius, all the acetic acid disappeared.

2nd. In a solution of cane sugar containing creosote it excited fermentation.

3rd. In a solution of sugar and water, containing creosote and the white of egg, the plant underwent no alteration in texture, but without any signs of the formation of gas, alcohol was formed, and a little acetic acid with mannite.

The most remarkable circumstance was that when the plant was placed in yeast, mixed with sugar and creosote, active alcoholic fermentation was excited. Carbonic acid was given off, but very little acetic acid was formed.

CHRONIC PURULENT INFECTION; ABSCESSES IN DIFFERENT PARTS OF THE BODY; ABSCESS OF THE HEART; OSTEO-PERIOSTITIS OF THE VERTEBRAL COLUMN. BY M. QUINQUAUD.

A MALE, aged thirty-four, entered the hospital December 12, 1868. On the 20th November he had been taken with severe pain in the region of the sacrum, for which leeches were applied with considerable relief. He continued, however, to suffer pains, and tingling of the lower extremities, and lost flesh and strength. When admitted, he was somewhat emaciated, walked with some difficulty, and experienced pain in the lumbar region on the slightest exertion; he voided urine without difficulty. About the 20th of December febrile symptoms set in; the temperature of the body rose to 39deg. Cent. On the 1st January, his aspect was slightly yellow; emaciation marked; face cachectic; muscles of the thighs and legs atrophied and contracted. In the lumbar region there was diffused swelling; rigidity of the muscles of the back, resembling somewhat in character that of tetanus. The rectal temperature was 39deg.; thirst severe; respiration 36; pulse 124. The next day there was diarrhoea, with incontinence

of the urine and fæces. There was but little alteration in the symptoms. The pulse ranged from 98 to 112; the rectal temperature, 37deg. to 38deg., that of the axilla being 37deg. On the 18th, the pulse was 108; temperature of the axilla, 37deg.; still incontinence of urine and fæces. 19th.—Pulse, 84; rectal temperature, 37deg. His pupils, soon after the visit, became contracted; the respiration irregular; eyes fixed; deglutition difficult; and heart's action feeble; death.

Post-mortem examination.—To the right and the left of the vertebral column, under the psoæ muscles, there were collections of creamy pus, extending from the seventh dorsal vertebra to Poupart's ligament. The anterior parts of the bodies of the eleventh dorsal and the first lumbar vertebrae were denuded; and the bodies of the vertebrae, from the sixth dorsal down to the third lumbar, were red and vascular. After removing the spinal cord, the posterior aspect of the seventh dorsal vertebra was found denuded; pus existed here—it seemed to have pressed somewhat on the spinal cord. The spinal cord was more vascular than usual. The liver was not enlarged, it was of a yellow hue; the bile ducts and gall bladder were distended with bile. The kidneys contained several small abscesses; and in the spleen three indurations were found of a triangular shape—the central parts of these contained purulent matter. The left lung contained a very large collection of pus, and the right one, two collections of cheesy matter. Milky patches were found on the pericardium, and in the substance of the heart near its base there was an abscess the size of a pea. The walls of the left ventricle were thickened.—Condensed from a paper read before the *Société de Biologie*.

INFANTILE MORTALITY IN PARIS.

THE great increase in the mortality among infants in Paris has led to the appointment of a commission to consider the best means of preventing it. Women, it is shown, take in children to nurse, and feed them intentionally with improper food that they may die. It is proposed, to check this, to place the nurses under strict surveillance, and recompense those who rear the infants entrusted to their care.

[In Melbourne, the mortality among infants under fourteen months is even greater than in Paris. It is not an exaggeration to say that eighty per cent. of those brought up by hand die.]

REVIEW.

Das Verhalten Der Eigenwaerme in Krankheiten.

VON C. A. WUNDERLICH. Leipzig, 1868.

THE study of the variations in the temperature of the body in disease has long been a

favourite one with English, French, and German practitioners; and among the men who have devoted more or less attention to the subject, we find the names of John Hunter, Boerrhaave, de Haen, who devoted some parts of his *Ratio Medendi* to it, and later, Currie. It is, however, to the great clinical writer, Andral, that the credit must be given of having first fully demonstrated its value.

It is scarcely possible for us to give more than a passing notice of the subject on which 400 pages have been written. The value of the thermometer attracted the attention of Bareusprung and Traube as early as 1861, and, nearly simultaneously, Wunderlich commenced the observations the result of which he now lays before the profession. Now the thermometer has become indispensable to those studying disease. Its usefulness is beyond doubt. The writer shows that the temperature of the healthy body is easily disturbed on any organic derangement, but returns as soon as the disturbance subsides, to its normal state.

After a series of chapters devoted to the consideration of the temperature in health, he proceeds to consider its alteration in the various stages of fever, pneumonia, pyæmia, etc. No one can read the work without being struck with the labour displayed in it. We certainly hope to see it translated into English; and any gentleman who does this will deserve the thanks of the profession.

SWALLOWING A CAMEL AND STRAINING AT A GNAT.

THE ridiculous blunders sometimes perpetrated by judges and juries, with regard to the duties of professional men, were never more ludicrously apparent than at the Bourke General Sessions on the 2nd inst., during the trial of nurse Grant for the manslaughter of the child Wallright at the Industrial School, Prince's Bridge, when the accused—of whose gross misconduct the most convincing proof was submitted—was acquitted. One would imagine that such a piece of blundering stupidity ought to satisfy any ordinary twelve men, at least for one occasion. What is still more extraordinary, the same intelligent (?) jury, who could perceive no criminality in the cruelty of a drunken nurse, in a "rider" to the verdict, recorded their enlightened opinion, in which, strange to say, they were joined by Mr. Pohlman, that the doctor and matron were to blame for not having instantly detected the misconduct of the nurse. Since the decease of the late Dr. Benjafield, Dr. M'Gauran has had the entire medical charge of this establishment, in addition to his other professional duties. The number of inmates

at present, amounting to close upon 500—nearly all of whom upon their admission are in a state of squalid neglect and disease—would almost require the undivided attention of one medical man.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

To the Editor of the Australian Medical Gazette.

SIR,—It is high time an end were put to sending lunatics to gaol, and to subjecting patients to the fatigue of removal when in a state of exhaustion.

In your next number of the *Gazette*, I shall refer to a few cases that have come under my own notice, showing the impropriety of the latter practice. Had the sanity of Ritson been tested in a lunatic asylum instead of a prison, both the murderer and his victim might perhaps have been yet alive. The premonitory symptoms of recurrent mania frequently give warning of an approaching outbreak; and had the patient lately sent to the asylum from the gaol been spared the journey, such a rider as that attached to the verdict of the coroner's jury a few days ago, would not have shocked the feelings of the public.

R.B.

Medical News.

THE following gentlemen have been appointed public vaccinators:—Dr. Helsham, for the district of Cranbourne, *vice* Dr. Phillips, resigned; Dr. Brown, for the district of Ross's Creek, *vice* Dr. De la Porte; Dr. Sturt, for the Immigrants' Home, Prince's Bridge, *vice* Dr. Benjafield, deceased.

W. PHIPPS, acting C. P. S., Omeo, has been appointed a deputy coroner of Victoria, acting at Omeo.

THE VITAL STATISTICS OF MELBOURNE AND SUBURBS.—The Registrar-General reports the occurrence of 265 deaths for the month of June, in the metropolitan district, embracing a radius of ten miles, the population of which, according to the last census was 140,000; the present estimated population is 175,000. The deaths of males were 148, of females 117. The deaths of those under five years amounted to 107, the deaths of persons over five years were 158. The average mortality for this month, during the ten preceding years was 276. The mean temperature of the

month was 49.9; that of the same month for the ten preceding years was 49.5.

BARNETT V. REID.—It appears, from some correspondence presented by Dr. Reid to the committee of the Geelong Hospital on the 4th inst., that this celebrated case has been at length abandoned by the plaintiff, who states that he was instigated to have recourse to legal proceedings by the advice of two local medical practitioners.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: SATURDAY, AUG. 14, 1869.

THE late inquiry at Sandridge touching the death of Eliza Keyzer, is fraught with too much interest to the profession to be permitted to pass away without carefully analysing the evidence upon which a verdict of manslaughter was found against the medical attendant of the deceased. The following is a brief outline of the evidence published by the daily press; and, as none of the parties concerned have offered any explanation or correction, it may be presumed to be tolerably correct.

On Sunday, July 25, about half-past four p.m., Dr. Matt was summoned to attend Mrs. Keyzer in her seventh confinement. Some five hours after the commencement of labour, very considerable hæmorrhage, succeeded by fainting fits, had occurred previous to his arrival, but the hæmorrhage had then ceased. Under these circumstances, Dr. Matt prescribed small quantities of brandy, and administered some doses of ergot, which produced no appreciable benefit; he subsequently made several ineffectual attempts to turn the child, and also to apply the forceps, both of which were frustrated by the accession of faintness and convulsions. Two other practitioners were then summoned, but before their arrival the patient died undelivered, some fifteen hours after the arrival of Dr. Matt. On the succeeding Thursday, three days afterwards, an inquest was held by Dr. Youl, when the following monstrous verdict was brought in: "That death resulted from exhaustion and convulsions from protracted labour," with the following rider added: "The jury find that Carl Gustave Matt, the medical attendant of deceased, is guilty of the manslaughter of deceased."

It will not be out of place to examine the evidence produced at the inquest, to ascertain how far, if at all, it justifies a conclusion so harsh and vindictive. The first witness, George Keyzer, husband of the deceased, deposed that the deceased was thirty-five years old; had previously borne six children; that her labours had been invariably protracted and difficult, but that instrumental assistance had not been required. The deceased's nurse, Hannah Amy, stated that, previous to Dr. Matt's arrival, "flooding came on, and deceased had lost a large quantity of blood," after which, "she had a fainting fit at nearly every pain;" that the hæmorrhage had ceased before the arrival of the medical attendant; stating that the latter supported deceased's strength by small quantities of brandy, and had made three ineffectual attempts to apply the forceps. Dr. Matt deposed that upon his arrival he found deceased, who had previously lost a quantity of blood, in a fainting fit; on finding that the os uteri was dilated to the extent of half-a-crown, and that the labour pains had ceased, he administered some *secale cornutum* and occasional doses of brandy; that deceased had fainting fits at intervals of about half-an-hour; that he tried to turn the child, but had to desist on account of the attempt bringing on fainting; that he had also endeavoured to apply the forceps, but that his efforts were defeated by the accession of convulsions. Thus far there is nothing to justify any charge of neglect or malpractice against the medical attendant, who seems to have been unremitting in his attention to a patient whose case from the beginning appears to have been very critical, if not altogether hopeless. The medical man who made the *post mortem* examination, deposed that the uterus and soft parts concerned in parturition were healthy, and free from rupture; that the uterus contained a male child *weighing upwards of ten pounds*, lying in a natural position; that the placenta, which had been attached to the upper part of the uterus, was separated, and that the loss of blood could not have been from that cause; that the os uteri, although not fully dilated, was dilatable; that the hand could have been introduced with ease; that the membranes were ruptured, and that the liquor amnii had escaped; that the pelvis, as shown by measurement, was of the natural dimensions; that there was no impediment to the birth of the child. except

its large size; that there were no indications that instruments had been applied to the head of the child. This gentleman concluded by giving it as his opinion that the duty of the medical attendant in such a case would be to deliver at once, either by turning or by instruments; that delivery by version could have been easily effected; that the cause of death was exhaustion from convulsions and protracted labour. The evidence of Dr. Plummer, who was merely a casual spectator at the inquest, and who had no previous knowledge of the case, did not affect the merits of the inquiry at all.

On analysing the evidence, it will be seen that the testimony of the nurse and the husband of the deceased not only does not inculpate the medical attendant, but would appear to warrant the conclusion that the deceased was in a very precarious if not hopeless condition previous to the arrival of Dr. Matt. The evidence of the husband and nurse tends to exonerate the medical attendant from any blame, and coincides in every particular with his statement. So far, there seems nothing to justify so preposterous a verdict as one of manslaughter. The evidence given by the practitioner who made the autopsy, naturally distributes itself under two heads—one, relating to the *post-mortem* appearances, deals with matters of fact and observation; the other is concerned with the opinions deduced from these facts. The absence of any other obvious mode of accounting for the severity and difficulty of all the previous labours of the deceased, would appear to warrant the conclusion that, in this case, there was some pelvic obstruction which, combined with the presence of a child once and a half the usual size, along with the other complications, is quite sufficient to account for the unhappy termination of the poor woman's sufferings. The statement of this gentleman, that although the placenta had been separated from its attachment to the upper part of the uterus, there could not have been any hæmorrhage from that source, appears so inconsistent, we presume there must be some error in the report of his evidence. The absence of any indication that instruments had been applied to the child's head is immaterial, since it was not alleged that they had been applied, but that the medical attendant had made several attempts to do so, which were frustrated by the accession of

fainting and convulsions; a statement borne out by the testimony of the nurse. The same formidable train of symptoms interfered with the successful performance of turning. Unquestionably, delivery by version or otherwise would have been advisable, had the perilous state of the patient permitted of it. But to bring in a verdict of manslaughter against a medical practitioner because he failed to effect a successful delivery, in the face of such an alarming combination as severe hæmorrhage, a very large child, fainting fits, and convulsions, is too monstrously unjust to be paralleled in any civilized community, and would be impossible, except an ignorant jury was influenced by an official, notoriously hostile towards the large majority of the profession.

A great and serious responsibility rests upon medical witnesses in such cases as the present, where the reputation, or even the ruin, of a fellow practitioner is the question at stake. We conceive that a medical man, employed to make a *post-mortem* examination, who has no previous knowledge of the deceased, cannot be too cautious and guarded in giving his opinion regarding the line of treatment practicable during life, of which it is not possible that he can be so well qualified to decide from *post-mortem* appearances as the medical practitioner in attendance upon deceased, who must of necessity be allowed to be the best judge of the line of treatment it is possible to carry into effect. We fully agree with the gentleman who made the *post-mortem* examination, that the proper course was to deliver the woman before exhaustion set in, if such were practicable. There is some room to doubt, having regard to the entire complexion of the case, whether the turning of the child could have been easily accomplished. The history of her last illness, as well as of her previous confinements, leads to the belief that there were considerable difficulties in the way of delivering the deceased. There was, moreover, no evidence that, had the woman been delivered by version or otherwise, she would have survived. It is not at all improbable, had Mrs. Keyzer died during or immediately after delivery by operative assistance, that even in that case the unfortunate medical attendant might not have been committed for manslaughter on the ground of having either accelerated or occasioned her death. Should an indictment be preferred against Dr. Matt (of which there is considerable doubt,) he need

have little anxiety that an intelligent jury, under the guidance of an enlightened and conscientious judge, will find him guilty; but, in any event, the unjust verdict of which he is the victim cannot fail to cause him much annoyance and injury.

There can be little doubt, had Dr. Matt adopted the wiser course of summoning to his aid at an earlier period some other practitioner, even had the final result been the same, that no such verdict would have been recorded.

In such cases as the present, medical witnesses should never forget, that all are liable to err in judgment; that they may themselves be placed in a similar position by the caprice of a stupid and ignorant jury; that, in such an everchanging and revolutionary science as medicine, it is dangerous, as well as rash, to be too positive concerning a state of things of which a witness has no personal knowledge. The tone of Dr. Youl's charge to the jury, we understand, was characterised by undue hostility towards Dr. Matt. This we might expect, after his wholesale denunciations of the profession. We regret having so frequently felt it our duty to comment upon the unsatisfactory manner in which this gentleman conducts his inquests.

THAT the ignorance and assurance of some people are truly wonderful, was demonstrated by the proceedings of the Committee of the Melbourne Benevolent Asylum, on the 22nd July, when the following modest proposal was brought forward and carried: "That, in the opinion of this committee, the honorary medical staff should not charge the institution fees for the examination of the inmates of the asylum who become lunatics." Any person, on reading the above resolution, would conclude that the honorary medical staff was in the habit of charging the asylum fees for the examination of lunatic inmates, whereas they have never done anything of the kind, nor have they any legal right to do so. The Lunacy Statute, it is true, provides that medical men required to give evidence before courts of petty sessions regarding the sanity of alleged lunatics, are to be remunerated by the local governing body of the district in which the lunatic resides. Some time ago, the borough council of Hotham, in which district the asylum is partly situate, with very questionable taste, with the view apparently of evading their legal obligations, intimated to the managing committee, that, if they were compelled to pay fees for the medical examination of lunatics from the asylum, they would withhold their usual

subscription from that institution. To avoid the threatened withdrawal of the municipal donation, the committee of the asylum voluntarily agreed to reimburse the Hotham Council all fees paid for the medical examination of lunatics from that institution. It would appear that the committee are now anxious, by the aid of this precious resolution, to get rid of their foolish arrangement with the Hotham Council, at the expense of their unfortunate medical officers, whom they apparently wish to deprive of their legal rights. The functions of the honorary staff of the asylum are strictly confined to the treatment of the inmates in the institution; attending and giving evidence at police courts, and the examination of lunatics, form no part of their duties. This strange conduct on the part of the asylum committee is another proof of the miserable state of things engendered by the wretched system of gratuitous medical services. It is not creditable to the various local governing bodies throughout the colony, to have shown so much reluctance to meet the paltry expenditure required of them by the Lunacy Statute, in return for the munificent liberality of the legislature, which conferred upon them ample sources of endowment.

THE INDUSTRIAL SCHOOL, PRINCE'S BRIDGE.

THIS institution, situate on the south side of the Yarra, in close proximity to the Immigrants' Home, and in the immediate vicinity of the Military Barracks, is chiefly composed of a number of detached, or semi-detached, old wooden buildings, one story high, extremely ill-adapted for the purpose to which they are at present applied. The St. Kilda road divides the school into two portions; the larger being on the eastern side of the road. The situation of this establishment on the side of a considerable slope ensures good drainage and ventilation. Only a very small portion of the buildings is constructed of brick. The number of inmates, which is continually fluctuating, is at present close upon 500; the ages of whom vary from a few weeks to several years; upon attaining the age of twelve, they are sent out to service. The great majority of the children are females; no boys being kept here over three or four years old. On the occasion of a recent visit, it was gratifying to remark the happy and contented appearance of the children. The moderate percentage of the sick, combined with the comparatively small amount of serious illness, is the best proof of the excellent sanatory arrangements of the school, and reflects the utmost credit upon the skill and attention of the medical officer, Dr. McGauran, who, from his kindly good-natured bearing towards the children, is a general favourite with

his juvenile patients, When it is remembered that the inmates of this establishment are chiefly the unhappy offspring of vice, crime, and misfortune, and are almost invariably in a state of neglect and disease upon their admission, it is surprising that there exists such a comparatively trifling extent of sickness amongst them; a circumstance reflecting the greatest credit upon the medical supervision of the institution. We noticed, with satisfaction, that cleanliness and good order reigned throughout the establishment. The children were plainly but comfortably clothed; and have imparted to them such elementary knowledge and training as are calculated to render them useful members of society in after life. The principal complaints, as might be anticipated, were of a scrofulous nature. We noticed several cases of ophthalmia, but none of them were serious. The dietary of the children is liberal, both in quality and quantity; those under medical treatment receive such suitable nourishment as may be requisite. Wet-nurses are provided for the infants under eight months. It is only bare justice to state, that the proportionately moderate extent of serious illness, and the generally healthy appearance of the children, reflect no little credit upon the attention and efficiency of a gentleman, on whom an attempt has been made to cast blame on account of the misconduct of a wet-nurse, lately discharged from the institution. We had almost forgotten to state, that this useful public institution is wholly supported at the expense of the State; but, whenever the parent or parents of a child are in a position to do so, they are required to contribute towards its support.

Medical Annotations.

CORONERS, MEDICAL EXPERTS, AND POLICEMEN.

It is gratifying to find that the views advocated by this *Gazette* have received the solemn sanction of law, as well as the warm approbation of so influential and important an organ of medical opinion as the *Lancet*. Those practitioners—and it is to be devoutly hoped they are very few—who are insensible to the opprobrium brought upon the profession by their odious proceedings, will at least have their illegal conduct effectually curbed by the dread of damages.

“The actions brought by Mrs. Joyner and her daughter against Police-Inspector Young, of Hitchin, and Mr. Shillitoe, were tried at the Hitchin County Court on Wednesday, the 19th instant. It appeared from the evidence that the dead body of a new-born infant had been found on the door-step of the Infirmary at Hitchin, and that public rumour, as well as some very vague

evidence, pointed to the house of a Mr. Joyner, as the place from which the infant had been brought. Mr. Joyner is married, and has an unmarried daughter old enough to be a mother. The local inspector of police, Mr. Young, went to the house, saw Mrs. Joyner, and spoke of the suspicions that were entertained. After some conversation with her, he left, and presently returned with Mr. Shillitoe, a surgeon practising in the town, and the ordinary medical attendant of the family. The two women, Mrs. Joyner and her daughter, undressed and went to bed, and were both medically examined by Mr. Shillitoe, who thereupon declared that neither of them had recently given birth to a child, and that there was no foundation for the rumour that had been set on foot.

“The case for the plaintiffs was that Messrs. Young and Shillitoe had placed undue pressure upon the women, in order to induce them to submit to the examination; and that hence they had illegally falsely imprisoned and assaulted them. For the defendants, it was urged that the women had given full and free consent to the examination, and that no improper persuasion had been employed. The evidence was, of course, conflicting upon the point at issue; and the judge summed up very strongly in favour of the plaintiffs. The jury cast each defendant in £20 damages.

Now, considering that it was fully admitted by the plaintiffs themselves that the error of the defendants, if any, was an error of judgment only, founded on a mistaken idea of discharging a public duty, we think the damages too high, and that a verdict sufficient to carry costs would have met the requirements of the case. With Mr. Young we have nothing to do; but we cannot acquit Mr. Shillitoe of indiscretion. He went to two women who had just been startled by a disgraceful accusation: and, on the ground of a consent which at best was given hastily, and in a condition of great excitement and distress, he subjected them to a medical examination. It is quite certain, not only that Mr. Shillitoe should have waited for a more deliberate consent, but that he should also have obtained the consent of the husband and father; who, on returning home in the course of the day, heard for the first time of the indignity to which his wife and daughter had been subjected. It is probable that most men would urge upon the women of their households submission to an examination that would vindicate their innocence; but no man would feel otherwise than deeply aggrieved on learning that such an examination had been made without his knowledge and consent. *We think, moreover, that it is very undesirable that medical men should in any way lend themselves to police requirements.* It is quite enough that they should give evidence of facts

within their knowledge ; but they should not institute examinations, except upon the direct application of the person implicated. If Mrs. Joyner had gone to Mr. Shillitoe of her own accord, and had said, "My daughter and myself wish to be examined, in order to clear ourselves from a suspicion," then his duty would have been plain. But to go to the house of a patient, at the instigation of a policeman, and to make a medical examination of two frightened women, in the absence of the husband and father, is a course that cannot, we think, escape condemnation. The admitted good intentions of the defendants should have reduced the damages to an almost nominal amount ; but there can be no question about the substantial accuracy of the verdict. The defendants have given notice of appeal ; but we question the wisdom of such a course. There is something repulsive to English feeling in the idea that a decent woman, on no better grounds than rumour, may be subjected to domiciliary visits from a doctor and a policeman.—*Lancet*, 29th May.

THE ADMINISTRATION OF FOOD AND MEDICINE BY THE NOSE WHEN THEY CANNOT BE GIVEN BY THE MOUTH.

By D. ANDERSON MOXEY, M.D., M.R.C.P.

(Continued from page 157.)

As to the method of administering food to an insane patient through the nostril, I invariably try first to induce him to take it quietly, and in the ordinary way, explaining that, in the event of his continuing to refuse, it must be given through the nose ; at the same time I take care to make him feel that such a procedure is adopted, not as a punishment, but simply as the only alternative which he forces on me. I then summon three attendants at least (four or five, if they can be had), and lay the patient down on his back, as quietly as possible, on a low couch in the middle of the room. I generally use a small folding iron bedstead, from which the pillows have been removed, for this purpose ; and when the patient sees so many assistants he submits quietly, as a rule, to be laid down. If there are only three attendants, one must control the legs, and the other two the arms. If there is a fourth, he ought to attend only to the head, which is best held between his knees as he sits on a low stool at the top of the couch. If a fifth attendant be present, he can assist in holding down the legs, which, in the case of a powerful and obstinate lunatic, sometimes require the united strength of two assistants to control. In this way the patient is completely controlled ; and, finding struggling against such a force useless, he will either cease to resist, or, what is not unfrequent, he will offer

of his own accord, or allow himself to be persuaded, to swallow the draught in the usual way. I always make it a point, just before proceeding to the actual administration, and when the patient has found how futile are all attempts at resistance, to represent this fact to him, and to beg him to save me the pain of forcing him to do what he could so easily do himself. If he remain obstinate, I then take care to render him absolutely motionless, seeing that the assistant who has control of the head keeps it perfectly still, with the chin slightly elevated. Then, introducing the end of the funnel gently into one of the nostrils, I pour the liquid slowly into it from a cream-jug or sauce-boat, pausing every now and then to let the patient take a full inspiration, and not allowing the fluid to accumulate in the funnel.

A determined patient will generally be able, in spite of the reflex act of swallowing which ensues as the liquid trickles into the pharynx, to sputter a little of it out of his mouth. When such is the case, I pour the contents of the jug faster into the funnel, letting them accumulate in it so as to keep up a continuous series of acts of swallowing. In unusually troublesome cases, I have also found it necessary to compress the other nostril, so as completely to obstruct all respiration through the nose. By the adoption of either plan, the patient is put out of breath, and when you pause for a moment he is glad to take a deep inspiration, and he will afterwards, as a rule, offer no interruption to the further administration of the draught, and will, perhaps, beg to sit up and drink the remainder. I need hardly insist, that in these very troublesome cases, a medical man ought invariably to administer the draught, as he alone can properly judge of the extent to which it is necessary to interrupt nasal respiration, and of the number of acts of deglutition it is advisable to excite continuously. At the same time, if a superior education and a higher social position are calculated to foster and increase gentleness, patience, and the other humanising virtues, it may be reasonably expected that a refractory patient will be less likely to sustain an injury at the hands of a physician than of an ordinary attendant.—*Lancet*.

(To be continued.)

TREATMENT OF VALVULAR DISEASE OF THE LEFT SIDE OF THE HEART.

PROFESSOR GERHARDT proposes to treat fibrinous deposits and valvular diseases of the left side of the heart by the inhalation of alkaline solutions. A medicinal agent administered by the mouth must be absorbed and carried into the portal circulation, thence to the right side of the heart, after which it must traverse the lungs before

arriving at the left side of the heart, and in this transit it must be much diluted.

On the other hand, medicinal substances introduced by the air passages, are carried by the pulmonary veins directly to the left side of the heart, which they reach in a much more concentrated form than if administered in the ordinary manner.

The solution used by Gerhardt contains from a half per cent. to one and a half per cent. of bicarbonate of soda. The great value of this method he believes to depend upon its power of preventing fibrinous deposits upon inflamed or otherwise diseased valves, and of dissolving already existing vegetations. He recommends soda, because of the chemical action of its carbonate on exhausted muscle, and because of its diuretic effect. Potash cannot be used owing to its paralyzing effect upon the muscular structure of the heart. Several cases are detailed in which the employment of this method has been followed by good results.—*Dublin Quarterly Journal of Medical Science.*

ABORTION AND INSANITY IN AMERICA.

We quote the following from Dr. Robertson's "Notes of a Visit to American Asylums," reprinted from the current number of the *Journal of Mental Science*:

"Dr. Deuzen, of the Michigan Asylum, in his last annual report, directs special attention to one of the causes of mental disease in the females under his care—the revolting and unnatural habit of forced abortion, to which public attention has been lately attracted in this country by the discussion of its propriety at the meetings of a certain society. His remarks on this subject are well worthy of quotation:—'Fearfully afflictive as is insanity under any circumstances, it is unmistakably and unspeakably more so when, in the person of one bearing the cherished and sacred name of wife, it is in one sense self-induced, and by the commission of a crime against a far higher than human law, and in direct violation of the holiest instinct of her nature. There has been no uniformity in the character of mental disease thus developed. The derangement of mental function has generally occurred as a result of local injury, and the serious impairment of general health directly traceable to the criminal act. In a few cases it has operated directly as a moral cause—as, for instance, when the unfortunate sufferer has borne a child, which has been permitted to remain with her only long enough to show the unhappy mother the priceless value of the gift she had previously refused to accept. In these cases the immediate cause of insanity was remorse. Unless this most disastrous practice be speedily arrested by the efforts now being used to suppress it, and by more stringent laws, severely punishing all

parties implicated, it will materially increase the number of female patients annually presented for treatment.'"

Dr. Gray, of the New York State Asylum, bears similar testimony.

"One woman told me, and the statement was verified by her husband, that seven successful abortions were procured on her by one of her female friends—both of these women were highly respectable persons. When, in broken health, and after failure in the eighth attempt, she applied to a physician, he informed her of the criminality of the act, its dire consequences to health, and advised her against the continuance of such a practice. She subsequently, however, obtained the services of a charlatan, who succeeded in inducing abortion, and, some months later, this woman was admitted into the asylum in wretched health, and suffering from melancholia, which her pastor, ignorant of her true history, attributed to religious excitement. A minister recently informed me that, in his congregation in a country village, one of the principal women approached his wife with a proposition that she should destroy her prospective offspring, declaring that she thought it right to do so, and mentioned others who resorted to the practice, rather than be troubled with children."—*Medical Times and Gazette.*

PROSTITUTION IN PARIS.

At a meeting of the Academy of Medicine, M. Léon Lefort read a paper on "The Prostitution of Paris in relation to the Propagation of Venereal Diseases." Attached to the Hôpital du Midi from February 1, 1866, to June 30, 1867, he had under his care 1824 cases of venereal disease, besides giving 12,889 consultations to outpatients. Into 4987 of these cases M. Lefort was enabled to make a thorough investigation, and arrived at some interesting conclusions as to the period of incubation and the varieties of chancre, the period of the appearance of orchitis, etc. The present communication, however, deals only with the question of prostitution; and here the author, like all his predecessors, found that, when he had to do with the statements of patients, he had to contend with that inveterate disposition to tell lies which seems to become a second nature with the subjects of syphilis. However, he is quite alive to this peculiarity, and has carefully sifted 4070 cases. He considers them under different heads, according as they were derived from different categories of women, such as kept women, unpaid acquaintances, girls met at dancing-saloons, street-walkers, and registered prostitutes. We need not follow him into the details, but, as a general result, he finds that the

chief evil to be struggled against is clandestine prostitution, which furnished 2802 cases out of the 4070. M. Lecœur, too, the head of the "Bureau des Mœurs," states that during the six years 1861-66, of 13,818 women arrested for clandestine prostitution, 3725 were diseased. In 2803 such who were arrested and visited annually, there was found 1 case in 3, while in 3850 registered girls there was found, during the same period, only 1 in 7. Moreover, every registered girl found diseased is at once sent to St. Lazarus, while the clandestine prostitutes continue to infect new customers.

In reference to the regulation of prostitution, M. Lefort states that in August, 1867, the number of registered girls living separately was 2545, and those in tolerated houses (165 in number) were 1306; and M. Lecœur estimates the number of clandestine prostitutes at about 30,000. The number of tolerated houses has diminished from 233 in 1840 to 165 in 1857, and the number of girls attached to them has decreased from 1976 in 1857 to 1306 in 1867, and such decrease is accompanied by a formidable increase of clandestine prostitutes, exempt from all sanitary inspection. M. Lefort believes that it would be a good regulation to prevent all prostitutes appearing in the public streets before 11 o'clock at night, as many persons who are now tempted by them would have arrived quietly at their homes.

"The increase of prostitution," M. Lefort observes, "depends upon numerous causes, and raises serious problems of our social economy. On the part of the women, there are the insufficiency of wages, the interdiction of the law of all inquiry as to the paternity of illegitimate children, the passion for luxury, together with the indulgence and even unhealthy sympathy which the literature and the drama of our day exhibits in respect to libertinage and even paid debauchery. On the part of men, there are the forced celibacy imposed by the conscriptions, the delays of all kinds which impede marriage, the relaxation of morals, and above all, the material and moral transformation of the city, which, long the brain of the world, becomes more and more the mere rendezvous of nomades of pleasure."—*Medical Times and Gazette*.

TREATMENT OF EPILEPSY.

DR. BROWN-SEQUARD states that his usual prescription for epilepsy is as follows:—

Iodide of potassium, one drachm
Bromide of potassium, one ounce
Bromide of ammonium, two drachms and a half
Bicarbonate of potash, two scruples
Infusion of calumba, six fluid ounces. Mix.

A tea-spoonful of the mixture to be taken before each of the three meals, and three tea-spoonfuls at bed time, with a little water.

In syphilitic cases he increases the amount of iodide of potassium. In administering the bromides it is necessary to give a relatively larger dose at bedtime, and smaller doses in the day if sleepiness is caused. The medicine should be pushed till anesthesia of the fauces is produced, and an acne-like eruption appears on the face, neck, and shoulders, etc. The bromides should be continued for fifteen or sixteen months after the attacks have ceased. An occasional purgative ought to be given, and if any debility be produced by the use of the bromides, wine and nourishing food should be used, with cod liver oil, arsenic, strychnia, etc., and the cold douche or shower bath employed.—*Dublin Medical Journal*.

MANAGEMENT OF PARISIAN HOSPITALS AND CHARITIES.—The governing bodies of our various Melbourne eleemosynary institutions might, with great advantage to their constituents, take a hint from the excellent manner in which admissions to the charitable institutions of the French metropolis are managed. "It has been found necessary to oppose with rigour the tendency of country patients to get to the Paris hospitals, since these hospitals are constructed to supply beds only to the sick poor resident in the capital. The same remark applies to the asylums, and to the aged and infirm. In special cases, where it is deemed necessary by the departmental or communal authorities to send a patient to Paris, the authorities of his locality are bound to defray the cost of his carriage, and the cost of the Paris hospital bed; the latter being about two francs per diem. The patient himself is liable to defray this expense when he is able."—*Lancet*.

Births and Deaths.

BIRTHS.

RIGBY.—On the 2nd inst., at her residence, Bodkin-street, Kyneton, the wife of G. O. Rigby, M.D., of a son.

RANKIN.—On the 1st inst., at Ardsville, St. Kilda, the wife of W. B. Rankin, surgeon, of a son.

DEATHS.

VAN HEMERT.—On the 2nd inst., at Grey-street, St. Kilda, of pyæmia, Walter Edmund, aged four years and eleven months, only son of Dr. Van Hemert.

KEIRAN.—On the 27th July, at Eaglehawk, the beloved and only son of Dr. Keiran, of diphtheria and croup, aged four years and three months.

Notice to Correspondents.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND Co., 72 Little Collins-street East, Melbourne.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 162.)

ILLUSTRATION OF QUERY VII.

Is there a lazaret at or near to the town or port of — ? Is it floating, or on shore? Please to describe its position, its sanitary condition, and that of its environs; means of exercise for the inmates; mode of supplying food, and other necessary requirements.

Is there a tariff of charges for accommodation, food, etc.? As lazaret establishments are designed and profess to afford safe quarters for the healthy, and suitable accommodation for the sick and convalescent detained against their will, the public have a right to expect that they should be model dwellings in respect of their sanitary arrangements.

There is no regular permanent lazaret establishment at many of the principal mercantile ports of northern Europe.

At Hamburg there is none.

At Havre there is none on shore, but only a quarantine station, to which vessels liable to quarantine there—Calais and other northern ports of France, are sent.

At the busy port of Bordeaux, the lazaret establishment is very incomplete. There is talk of a new one being constructed.

At the great naval port of Brest it is otherwise, for there is an excellent stone-built lazaret, capable of accommodating easily more than 200 inmates on the island of Tuberon, about five miles distant from the town.

At Marseilles the extensive lazaret establishment is situated on an island about 22 miles from the shore, and from which the public is entirely excluded. Merchandise is landed at the lazaret for purification by various means, such as exposing it to the air, ventilation, immersion, chloruretted fumigation, according to the nature of each case.

The opening of the goods, washing the effects, cleansing of the ship, the incineration or immersion of infected substances, are likewise practised. The goods subjected to these processes are clothes, hides, feathers, wool, silk, horse-hair, and remains of animals.

Quarantine is discretionary for articles made of cotton, flax, or hemp.

Lisbon.—The condition of the lazaret for the reception of passengers is thus described by Dr. Downes, of the Royal Naval Hospital:—"It con-

sists of two buildings, separated from each other by a court-yard. The one is fitted up as a dormitory, and is badly furnished, badly ventilated, with the beds too close to each other, without either chimney or stove, able to accommodate about fifty persons, although frequently it receives many more. The grounds are insufficient for exercise, there is no infirmary, no resident medical man or clergyman, no water-closets; but in their stead, small night-stools, placed in the dormitory, a curtain alone shutting in the occupant. The dormitory is frequently tenanted by both male and female passengers. Complaints are frequently made by passengers of the extremely bad accommodation in this lazaret." The floating lazaret, an old hulk, at the quarantine ground, can receive about seventy persons, closely packed.

At Madeira, the lazaret was abolished in 1808, and no substitute provided. It was very unsuitable; as eight or ten persons were often obliged to sleep together in one room, and others in a loft over the cow-house, or wherever they could find an unoccupied spot; while the thermometer stood at 80 deg. The charges made for the accommodation were as high as in a first-rate hotel.

In Spain, the only regular lazaret establishments for foul arrivals, are at Vigo and Port-Mahon. That at Vigo, in use since 1848, is on a large scale, with all the required arrangements for suspected passengers, and for the landing and purification of cargoes.

At Santa Cruz (Teneriffe).—The lazaret on shore is "Quite unfurnished, and without any accommodation."

THE LATE INQUEST AT SANDRIDGE.

By S. IFFLA, L.F.P.S.

Read before the Medical Association of Victoria, 18th August.

MR. PRESIDENT AND GENTLEMEN,—The inquest lately held on the body of Mrs. Keyzer, at Sandridge, and the verdict given by the jury, are of so extraordinary a nature as to demand, from the entire medical profession of the colony, an expression of opinion; and if you, Mr. President and gentlemen, agree with me in considering the verdict as most cruel and improper, it will be, I think, for you to determine whether it does not behove this Association, in the interests of justice and humanity, and also in the interests of our profession, to take some action in a matter of such grave importance; for I hold, that what was Dr. Matt's case yesterday, may be the case of any medical man in the colony at any moment. I have to assure you that I am totally unbiassed in the remarks that I make by any personal consideration for Dr. Matt, for I have no acquaintance

whatever with that gentleman; but solely influenced by a hatred of injustice on the one hand, and the increasingly dangerous position in which members of our profession are placed, on the other, by the growing tendency to hold us personally responsible for the results of our cases. I might refer you to many recent instances in support of this opinion, but you are all familiar with the prosecutions that have lately been instituted in our courts of law, for the recovery of damages by patients who have been dissatisfied with the results of their treatment. If a patient dies, or loses a limb, there are not wanting those outside of the profession—and, I blush while I say it, inside the profession too—to suggest doubts as to the propriety of the treatment that has been adopted, or, with hypocritical affectation of sympathy, to insinuate that better might have been done, or that a correct treatment would have had a different result; doubts are created, animosities fomented, and actions at law instituted against the medical attendant who, after doing his best, has had the misfortune not to succeed.

It is the bane of our profession, that amongst its ranks are occasionally found men who will adopt a policy so mean and false. I am sure, sir, that this Association will not only set its face against such practices, but hold its protecting ægis over the unfortunate victim of injustice.

I cannot refrain from entering my protest against the cruelty with which Dr. Matt has been treated, and I have no hesitation in saying that the finding of the jury will not be sustained if the case comes to be tried in our criminal courts. I fully admit that the public have a right to expect from a medical man skill and diligence in the discharge of his duties; if, through ignorance or neglect on his part, his patient dies, then is he both legally and morally responsible; but, in the case of Dr. Matt, nothing of this kind was proved.

Manslaughter is the unlawful and felonious killing of another, without any malice, either expressed or implied, and is divisible into two kinds, involuntary and voluntary; the former is where a man does an unlawful act, not amounting to felony, and by accident kills another; or by doing a lawful act which is dangerous, and neglecting to use proper caution, he kills another undesignedly. The latter is, where, upon sudden transport or upon a sudden quarrel, two persons fight, and one is killed by the other, or where one provokes another by some personal violence, and the other immediately kills him.

Neither of these examples applies to the case in question; unless then it can be shown that, had Dr. Matt delivered Mrs. Keyzer, she would have lived, and that she died because he did not deliver her, and that he made no effort to do what he ought to have done in the case, I say, sir, if the affirmative in all these cases can be distinctly

proved, then is Dr. Matt guilty of the manslaughter of Mrs. Keyzer, and not otherwise.

From what I have read of the case, I think that Dr. Matt need have no fear of the result; I think it is very possible that, had either or all of the medical gentlemen, who gave evidence at the inquest, been in attendance on the unfortunate deceased that she would still have died. We have it in evidence that Dr. Matt was most sedulous in his attendance on his patient; that he made repeated attempts to deliver her; and that he was met on each occasion by violent convulsions or alarming syncope, which no doubt induced him to pause for the moment, lest she should die while his hands were yet upon her. Feeling alarmed at the critical state of his patient, he did what I believe most of us would have done, sent for further assistance; before that assistance arrived, his patient was dead.

In the treatment of these difficult cases we doubtless have a certain course laid down, as the result of the experience of those who have had large opportunities of judging, and who are able to advise; but it must be borne in mind that it is at the bedside of the patient that we are called upon to judge how far those rules apply to any given case, and it is from our own armoury that we must select the weapons best suited to the emergency; the special features of each case must ever govern the details of treatment. What those special features were, in the case of the late Mrs. Keyzer, Dr. Matt only knows, and it is but reasonable to suppose that he directed that treatment to the best of his ability. How often do we find that under a violent convulsion the child is expelled. Dr. Matt may have expected that any one of these convulsions might have brought about the desired end, and so waited a little; or his patient may have been in such a state of exhaustion, that he may have considered it death to touch her. It is in vain to speculate on all the circumstances of this case during the last moments of the patient; it is but fair to suppose that every effort was made to revive her, and it ill becomes us who, at any moment, may be placed in such a critical position, to judge or to condemn on insufficient data.

I don't know how the coroner may have summed up, but, judging from the newspaper report, he appears to have received the verdict of the jury without remonstrance. Now, it was his duty to have explained to the jury the law, and its bearing on that case. Had they still determined to return that verdict, he, at least, would have done his duty, and not lent himself to the commission of a piece of cruelty that savours more of private vengeance than public justice. The effect of such verdicts is highly injurious and demoralising to our profession. It tends to cripple our exertions and impair our efficiency; and it is not to be wondered

at if medical men shrink from incurring so grave a responsibility, in view of such serious consequences.

It is very easy to advance a statement based upon an occurrence that has already taken place.

It is all very well for Dr. Fisher, guided by the autopsy, to say what he would have done; but unless he knew all the special features that presented themselves during life, it is impossible for him to say exactly what he would have done or left undone. It is very easy for persons to say, after a disastrous circumstance has taken place, that another course would have been better; but it is hard to judge of a man in peculiar circumstances by events which happened afterwards. Persons are apt to say they would have done so and so; but let those persons place themselves in a case of sudden difficulty, and then say whether they are fairly answerable for the consequences that followed.

It is foreign to my present purpose to enter minutely into this case at present, it being *sub judice*; I wish to provoke discussion, and elicit an expression of opinion; I have no desire to cast any slur upon those medical gentlemen that gave evidence in the case; but, at the same time, I do not regard their opinions as at all conclusive under the circumstances; to say the least, there were doubts, and the evidence was given without due reservation.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the "Australian Medical Gazette.")

OBLITERATION OF THE INFERIOR THIRD OF THE VENA CAVA. By Dr. Parisot.

THE patient, a female, sixty-eight years of age, presented the following state: oedema of the left leg; varicose state of the superficial veins of the abdomen and chest. The inferior vena cava was obliterated and converted into a fibro-osseous cord from immediately below the point of junction of the renal veins down to the iliac veins, which were also implicated. The coats of the external iliac and the hypogastric veins were very much thickened and hardened. All the superficial veins of the abdomen were enlarged, some to the size of the brachial artery. The uterine veins were of the usual size, but the left ovarian vein was very large and tortuous. This case shows, in the female as well as the male, that, in obliteration of the vena cava, the circulation can be re-established by the parietal veins of the trunk.

CONGENITAL ABSENCE OF THE BILIARY DUCTS, FROM INTRA-UTERINE HEPATITIS. By Dr. Roth.

The patient, sixteen weeks old, had had jaundice from its birth. The hepatic cells contained fatty matter, and there was inflammation—probably

of syphilitic origin—of the capsule and the interstitial substance of the organ. The cystic, hepatic and choleic canals were absent. The biliary canals in the parenchyma of the organ were very much dilated, and contained thick bile. Instead of the gall bladder, there was a fibrous formation, containing two small cysts filled with transparent fluid.—*Condensed from Virchow's Archives.*

DISEASE OF THE HEART; ULCERATIVE ENDOCARDITIS, WITH ANEURISM. By Dr. Jossie, of Brest.

A male, aged twenty-two, entered the Marine Hospital with articular rheumatism. There was no indication of hypertrophy of the heart; but at the base, there was a loud bellows murmur, both with the first and second sounds. This sound continued with unaltered intensity throughout. He presented no typhoid symptoms, but was in a state of great prostration, accompanied by anæmia. Every evening he had an access of fever although quinine was given to check it, but without effect. After death, the walls of the heart were not thickened; but there was an aneurism just above the sigmoid valves; below it there was ulceration of the endocardium, from which there were two communications; one with the left auricle, capable of admitting a small quill; the other with the right ventricle. The blood showed a greater number than usual of white corpuscles.—*Condensed from a paper read before the Société de Biologie.*

CURIOUS ACTION OF TARTAR EMETIC.

Dr. Nœbling has just published the results of some investigations on the action of tartar emetic. He found that, although it destroyed frogs, the sodio-tartrate produced no effect. He has arrived at the conclusion that tartar emetic has two actions—one on the heart, the other on the intestines; the former being due to the potash, the latter to the antimony. He advises that the present preparation should be abandoned, and an ammonio-tartrate of antimony employed.

ON THE EFFECT OF ELECTRO-PUNCTURE IN ACCIDENTS OCCURRING FROM THE INHALATION OF CHLOROFORM. By Dr. Abeille.

The article is too long for publication in full; we have therefore extracted the most practical points in it. In 1849, while applying electro-puncture for the purpose of obliterating an aneurysm in the subclavian artery, he found that, although the relaxation of the muscles and the insensibility from the chloroform was complete—four large needles being inserted without pain—as soon as the wires were applied the muscular shocks were so severe that four assistants could not control them, and in a few seconds the patient, a female, was fully roused, and the pulse, which was before feeble, became very rapid. An ineffectual attempt was made to bring

her again under the influence of chloroform during the operation.

In a case in which chloroform was given to a lad, his head suddenly fell back, the face became bluish, skin covered with cold sweat, respiration very difficult; foam escaped from the mouth, and the pulse and heart nearly ceased to beat. Two needles were immediately inserted, one at the base of the occiput, the other near the centre of the spinal column, and the wires of the battery applied. Muscular contractions were immediately excited; the walls of the chest began to move, and the pulse to beat rapidly; at the same time the froth was removed from his mouth, and friction applied to his lower extremities. In five minutes sensibility was completely restored.—*Gazette Medicale de Paris.*

TRACHEOTOMY IN CROUP, WITH OBSERVATIONS.

The members of the Academy of Medicine of Paris have lately been engaged in some lively disputes on the value of the early performance of tracheotomy in croup. The supporters of the early performance of the operation triumphantly point to statistics to show the value of the operation.

The translator was a pupil at the Hôpital des Enfants for some time. His experience from what he observed there was, that from the operation being early performed, and very often in cases which in England and in this colony would be considered unnecessary, as they would yield to the energetic use of calomel and antimony, the mortality was much lower than in private practice. Those gentlemen who have seen much of croup in this colony, as it generally occurs with congestion of both lungs, must, if they have performed tracheotomy, have felt that they had only prolonged life for a few hours. Some months back, the translator saw a case of croup, with a medical friend. The disease was spasmodic, with some fluid in the bronchial tubes, but no congestion of the lungs. Although the face was of the peculiar faint bluish hue which is a nearly certain indication of a fatal result, the restlessness and difficulty of breathing were not very severe, and the pulse not more than 130. There was some blood (about two ounces) lost during the operation, which was well and rapidly performed. There was no mitigation in the symptoms, and the child died soon after.

At the *post mortem* examination, there was but little congestion of the trachea and bronchial tubes. The bronchial tubes of both lungs were filled with granular mucus, but there was no congestion of the lungs.

Dr. Barthez stated that in one year he lost every case he operated on; lately he had rather more success, saving two out of eight. Dr. Roger was equally as unsuccessful, losing all his cases.

Dr. Bergeron saved two out of four. In the Hôpital Sainte Eugénie, in the month of March, of 27 cases, 22 died; and in April, 30 out of 34. Barthez, one of the greatest authorities, observed that only 5 cases were cured out of 28 operated upon.

There is a strong feeling existing that tracheotomy is a certain remedy for croup. This, practitioners who have seen much of the disease and performed the operation, know to be incorrect. It will succeed in the spasmodic form, but a large dose of tartar emetic, or inhaling chloroform, will cut the attack short, and with less risk. When the bronchial tubes are loaded with mucus, it can often be got rid of by placing the child on its face, with the head down.

Medical men are often blamed for not having opened the trachea, when a case of croup proves fatal. They will act wisely, and save themselves from much reproach, by placing the chances before the friends, and leaving them to decide whether it should be performed or not. The translator begs to draw the attention of the profession, to the value of opening the trachea above the isthmus of the thyroid gland; this renders the operation much easier, and lessens the risk of the bleeding, which is often very severe—and of itself enough to destroy the life of a child already reduced in strength—from the veins being so very much gorged, that they pour out blood nearly as freely as the jugular vein.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

TREATMENT OF THE WOUNDED ON THE FIELD OF BATTLE.

To the Editor of the Australian Medical Gazette.

SIR—The German medical journals have lately devoted a considerable portion of their space to the consideration of this subject. The Prussian authorities, like the English, found the arrangements for the treatment of the wounded insufficient. At the battle of Königgratz, numbers of valuable lives were lost from the want of prompt attention. The old system was immediately altered, and with this result—that, at the battle of Sadowa, few died from loss of blood.

A series of very interesting manœuvres have been lately executed by the army. Every accident likely to occur on the field of battle was rehearsed, and the surgical staff and ambulance corps were made to show that they were thoroughly conversant with their duties.

Those who have been in a battle must have felt the want of efficient aid when a number of men are wounded at the same time, and from the men left to assist them not knowing how to manage slight wounds, the lives of those requiring prompt attention are often lost.

It is essentially necessary that every soldier should be taught what assistance to render to a wounded comrade in the absence of the surgeon. Our authorities would do well if they made this a part of the volunteer's education. There are no doubt gentlemen connected with the corps who would gladly undertake the task of delivering a few plain lectures on how fractures should be managed, bleeding from large vessels checked, etc. If these colonies should be called upon to defend themselves, it will be on the volunteers—that valuable part of the community—they must rely; and it is the duty of those in authority to take care that their blood is not shed unnecessarily. The Prussian system of succouring the wounded is now the most complete in the world; and our volunteer surgical staff would do well to study it carefully.

M. D.

PROCEEDINGS OF

The Victorian Medical Association.

THE usual monthly meeting of the Association was held in the Board-room of the Melbourne Hospital, on Friday evening, the 18th August, at half-past seven. The following members of the profession were present:—

Dr. McCarthy, one of the Vice-Presidents, occupied the chair; Drs. Iflla, Berncastle, John Murray, Moore, Daniel, Reeves, Nalty, Lloyd.

The minutes of the previous meeting having been read and confirmed, Dr. Iflla read a paper commenting upon the inquest at Sandridge in the case of the late Mrs. Keyzer.

In the course of the discussion which followed, a very general opinion was expressed that Dr. Matt had much reason to complain of the manner in which the proceedings at this inquiry had been conducted; that the evidence, so far as it had been made public, contained nothing to justify so harsh and vindictive a finding as manslaughter; but that, as a matter of prudence, Dr. Matt would have only acted wisely in sending for assistance at an earlier period; that from the large quantity of blood which Mrs. Keyzer had lost previous to the arrival of Dr. Matt, it was very doubtful if she would not have succumbed, even had delivery had been effected.

Dr. Berncastle brought under the notice of the members a small portable case, containing all the appliances necessary for the treatment of snake-bite, according to the system advocated by him for many years with eminent success. The essen-

tials of this plan of treatment are, immediate excision of the bitten part or parts, with rest and stimulants. In addition to a bottle of antidote as a substitute for spirits when the latter cannot be obtained, a knife and forceps for excising the bitten parts, the case contains a small cauterizing-iron and ligature, should these be required. The great advantages of the treatment advocated by Dr. Berncastle consist in its simplicity and freedom from danger, in which respects it is distinguished from several modes of treatment brought before the public with no small flourish of trumpets, some of which are little less dangerous than the snakebite itself.

A specimen of a new medicine, the "Ferri Proximas," prepared by Mr. E. L. Marks, chemist, Elizabeth-street, Melbourne, was submitted to the meeting, when the members, having regard to its chemical composition and physical properties, expressed a favourable opinion of its value as a therapeutic agent.

The proceedings terminated with a vote of thanks to Dr. Iflla for his valuable paper.

Medical News.

WE learn from the *Age* of the 18th inst., that the Crown does not intend proceeding against Dr. Matt. Either the state of the law must be sadly defective, or the mode of conducting inquests in Melbourne must be very peculiar; seeing that a professional man may have his reputation injured, be subjected to great annoyance and considerable expense, when, after all, there is no case against him. We hope some remedy will be found for such an undesirable state of things. Were the official, whose incompetence or hostility occasioned unnecessary expenditure, made liable for the costs, we should hear less of such abortive proceedings, the frequent occurrence of which is an outrage upon justice.

TESTIMONIAL TO A MEDICAL MAN.—According to the *Argus* of the 19th inst., the Oddfellows are collecting subscriptions to found a scholarship in the Melbourne University, in compliment to Dr. Greeves, a past Noble-Grand of that order, to be called the "Greeves' M.U. Scholarship," open to the sons of all Oddfellows. Mr. Greeves is a very old colonist, having been one of the earliest medical men to settle in Victoria, then Port Phillip. Dr. Greeves, during his long residence in the colony, has had extensive experience of almost every phase of public life; he is, moreover, entitled to the merit of having been one of the earliest—if not the very first—to introduce benefit clubs into the colony. Whatever cause the Oddfellows may have to thank this gentleman, we fear his professional brethren have little reason

to feel indebted to one who can lay claim to the very questionable distinction of having first introduced into Victoria the unprofessional and degrading practice of tendering for medical services to benefit clubs. For our own part, we think it would redound much more to the credit of Oddfellows and others to remunerate their unfortunate, ill paid, and hardworked medical officers more in accordance with their services, than to spend large sums of money in empty compliments and frippery. Justice should have precedence of generosity.

APPOINTMENTS.—The following gentlemen have been appointed Public Vaccinators: Dr. Rankin, for the district of Elsternwick and East St. Kilda; Dr. Henry Barnett, for the district of Ross's creek, *vice* Dr. Brown, Dr. Grant, for the district of Wahgunyah, *vice* J. R. Peel, Esq., resigned.

THE MEDICAL REGISTER.—The name of Frederick Wilkinson, Fitzroy, has been added to the list of legally qualified medical practitioners.

SINCE the retirement of Dr. Goldie from the Sunbury Industrial School, Dr. Shields, a local practitioner, has been temporarily appointed to the medical charge of that institution, until a permanent arrangement is made.

HOSPITAL COURTESY.—We regret to observe that another frivolous complaint against one of the resident surgeons of the Melbourne Hospital has been made by Mr. Rudall, a member of the honorary staff. It is to be hoped that the prompt action of the Committee in dealing with such paltry complaints will have the effect of checking what looks very like a system of petty persecution. The grave offence imputed on the present occasion to the Resident Surgeon is that, in the case of a man who had some of his fingers removed and otherwise injured by a circular saw, he had dressed and trimmed the stumps instead of keeping the unfortunate sufferer waiting until the next visit of Dr. Rudall. It is wonderful what little feeling some people have for the sufferings of others.

AN INQUEST was held on the 21st ult., at Richmond, on the body of a newly-born male infant, which had been found, enclosed in a bag, two days previously, in a right-of-way off Swan street. Dr. Stillman, who made the *post mortem* examination, found the brain greatly congested, and one turn of the funis umbilicalis, with the placenta still attached, around the child's neck. The cord was over the left shoulder, round the back of the neck, and down the right breast. At the adjournment of the inquiry, on the 30th ult., the only witness was a sergeant of police, who ventured to contradict the statement of the medical witness that the cord was round the child's neck, on the ground that it did not completely encircle the front of

the neck. A matter not of the smallest consequence, since the pressure of the cord on the sides of the neck, over the great vessels, is quite sufficient to interrupt the circulation.

It is gratifying to find that the heroism of Miss Evans (daughter of the late Dr. Evans, of St. Kilda), who courageously remained with the late Mr. Glover, of South Yarra, during his last illness, will not be allowed to go altogether unrewarded. Our readers will doubtless remember that this young lady was struck down by an extremely virulent attack of small-pox, in consequence of her attendance upon Mr. Glover, from the effects of which she is only now recovering. A subscription has been set on foot for the purpose of making her some amends for the severe suffering she has undergone. In the case of Miss Evans, the small-pox has unfortunately left permanent traces of its severity. It is to be hoped that the history of the recent epidemic of variola in this colony will teach a lesson of modesty and humility to a journal which had the ignorant presumption to set itself up as an authority upon a purely medical question.

DEATH FROM THE ADMINISTRATION OF LIQUOR AMMONIÆ.—Hubert Ashley, aged twenty-one months, died on the 28th ult., from the exhibition of liquor ammoniæ fortior, given to him by his mother in mistake for antimonial wine, which had been prescribed for him by Dr. Hunter, of Carlton, for the relief of symptoms of croup. An autopsy was made by Dr. Neild—why this gentleman was called in over the head of Dr. Hunter, at an additional expense to the Treasury, does not appear—who stated that the deceased had suffered from some trifling pulmonary congestion, and a slight attack of diphtheria; that the immediate cause of death was the swallowing of the liquor ammoniæ. In what manner this drug caused death was not explained. A trifling congestion of the lungs, and slight attack of diphtheria, even if correct, do not appear sufficient to account for death. There can be little doubt, however, that the supposed diphtheritic appearances were in reality occasioned by the caustic action of the liquor ammoniæ, the effects of which, in this case, were mistaken for the result of disease.

POISONING BY STRYCHNIA.—A man named Robert M'Intosh died, on the 10th inst., from the effects of strychnia, a few minutes after being brought to the Melbourne Hospital. Beyond ascertaining the presence of strychnia in the stomach, nothing particular seems to have been discovered at the *post mortem* examination, the published account of which was very meagre. The deceased suffered from violent tetanic spasms, and is supposed to have taken about a scruple of strychnia in a cup of coffee.

DEATH FROM INHALING CARBURETTED HYDROGEN, OR COAL GAS.—A person named Elliott Brown, staying at the Golden Fleece hotel, Russell-street, was found dead in his bedroom on the morning of the 24th ult., from the inhalation of coal-gas, which had escaped from an opening made in a gaspipe, by a nail employed on the previous evening to secure a loose flooring board. The autopsy shewed that the blood throughout the body was fluid; that the brain and lungs were healthy, but congested; that the mucous membrane of the stomach was congested from drinking, but that in all other respects the body was healthy.

DEATH FROM OFFICIAL NEGLIGENCE.—An inquest into the cause of death of a lunatic named Edward Ashdown, aged 40, was concluded on the 9th inst., at the Yarra Bend Asylum, to which day it had been adjourned from the 2nd, when a verdict was brought in blaming the gaol authorities for permitting the removal of the deceased when in a dying state. From the evidence it appears that Ashdown had been under medical treatment in the gaol, by Dr. M'Crea, for a severe attack of erysipelas of the entire left limb, from the foot to the groin; and that, while in this perilous condition, he was removed from the gaol to the Yarra Bend, in a spring van, without a mattress or anything to protect him from cold, exposure, or jolting. The unfortunate deceased, who was nearly insensible upon his arrival at the Asylum, died within forty-eight hours afterwards. According to the medical testimony, the removal of the deceased accelerated, if it did not actually cause his death. It reflects little credit upon the medical arrangements of the Melbourne Gaol, that there is no general rule respecting the removal of invalid lunatics from that institution to the Yarra Bend Asylum. Had such a gross and inexcusable blunder occurred in private practice, in all probability a verdict of manslaughter would have been recorded.

TREATMENT OF CARDIAC DISEASE.—For cardiac hypertrophy, digitalis is, of course, stated to be the classical remedy; but Jaccoud confirms Dr. C. J. Williams' opinion of the good effects of iodide of potassium, which he gives in rather large doses; and adds that caffeine, in doses of from three to fifteen grains a day, acts quite as rapidly and certainly as digitalis, but does not produce so great or permanent an effect. It may be worth considering whether the hypodermic injection of this substance would not increase its powers.—*Notice of Jaccoud's Clinical Lectures, in Medico-Chirurgical Review.*

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: MONDAY, AUG. 30, 1869.

THOSE institutions of modern growth, termed special hospitals, have of late years been increasing at a very rapid rate; an inquiry into the effects which they have upon general hospitals and the profession, may not be out of place. So far as the general community is concerned, there is good reason to believe that private or special hospitals are injurious in many respects, without possessing any equivalent advantages. These commercial speculations demoralize the public in a variety of ways, by rendering them familiar with an extended system of gratuitous medical services; by breaking down the self-respect of those who resort to them, they insidiously pave the way for the descent of their unfortunate patients to the rank of paupers; by competing for subscriptions and otherwise with the general hospitals they affect them injuriously. These private speculations impede the progress of legitimate medicine, and interfere with the completeness of medical education, by withdrawing from public hospitals the diseases of special organs; they are also prejudicial to the progress of medical science by their tendency to divide it into almost as many sections as there are separate organs or sets of organs in the human body. This absurdity has already been carried so far, in one instance at least, that a member of the profession has actually made a speciality of the diseases affecting one half of an organ, the heart. Special hospitals cramp and dwarf the intellect by confining it to a narrow groove, instead of taking a comprehensive view of the body as one harmonious whole, specialism regards it as made up of separate and, as it were, independent parts. By limiting the attention to the disorders affecting a single organ or set of organs, narrow, restricted, and almost necessarily, erroneous views of disease are contracted, minute and worthless distinctions are made, which have in many instances no real existence, and when reduced to practice, are useless in the treatment of disease. These institutions, instead of training up a well-edu-

cated body of medical men able to cope intelligently with any form of disease, would give the public a number of men, perhaps, minutely acquainted with, but not necessarily well skilled in, the treatment of the disorders of a single organ.

If specialism were to become general, an unfortunate invalid instead of having a number of well educated general practitioners to apply to would require a specialist for the affections of each separate organ. Special hospitals have been advocated under the pretext that certain complaints, such as the diseases of the eye, the ear, the feet, and the sexual organs, could be treated more successfully in a special than in a general hospital. There can be no greater fallacy than this, in proof of which, we may refer to the opinion of one of the soundest and most eminent writers in recent times, the late Sir William Lawrence, who, in the introduction to his admirable treatise upon the diseases of the eye, has left his opinion upon record in reference to specialism in the following remarkable language. "Exclusive attention to a small corner of the animal structure causes a confinement of mental vision, analogous to the near-sightedness which mechanics contract by constantly poring over the minute objects of their attention. All the habits of the oculist lead to a separation and insulation of the organ. The part is detached from the system, treated by washes, drops, ointments; and this inefficient trifling impedes the progress of ophthalmic surgery. We want, instead of this, general and comprehensive views, the aid of analogy and contrast; the whole field of medicine and surgery must be laid under contribution for the principles which are to guide us in learning the nature and treatment of ophthalmic disease. Professed oculists have done little for the science, either here or abroad. The only real and valuable improvements have proceeded from men of extensive anatomical knowledge, and of great general insight into disease."

What Sir William Lawrence has said so graphically of the diseases of the eye, is equally applicable to those of every other organ of the body. It would be absurd to believe that the class of diseases treated in special hospitals cannot be treated equally well, if not better, in general hospitals or in wards set apart for that purpose if necessary, and were such not the case, even then there would be no excuse for establishing private hospitals or

institutions, but rather a reason why public hospitals should be founded under proper control for the treatment of such diseases, instead of leaving the matter to the tender mercies of private cupidity. The public cannot be too soon made aware that the promoters of special hospitals are actuated by self-interest not by philanthropy.

From the rate of increase lately attained by club practice, special hospitals, and other *quasi* charitable institutions, there is some reason to conclude that there will soon be little room left for the legitimate practitioner.

The opening of a new special or private institution in Melbourne, by two Collins-street practitioners, affords a convenient opportunity for discussing the necessity or utility of such establishments. The newly-founded "Ophthalmic and Orthopædic Institution" may not be inappropriately termed a species of medical hermaphrodite, having an ophthalmic department for the treatment of diseases of the eye and ear, and an "orthopædic" branch for diseases and deformities of the foot. To judge from the title of the new institution its founders cannot be complimented upon their classical attainments. We observe that one of the founders of this institution is a member of the honorary staff of the Melbourne Hospital. Were this new institution really required, its necessity would imply a severe censure upon the deficiencies and shortcomings of the metropolitan hospital, as well as upon the skill of the oculist attached to its staff. Remembering that the oculist to the Blind Asylum is also a member of the Melbourne Hospital staff, a question naturally arises whether it is conducive to the interest of this institution that its medical officers should hold appointments in rival institutions, competing with it for the support and sympathy of the public. It is proverbially difficult to serve two masters.

It would appear scarcely desirable that medical men should hold a plurality of appointments. This system would introduce the pernicious evils of professional monopoly into a new country, where it should have no place, and would exclude from office many well qualified and deserving members of the profession; nor indeed is there the slightest excuse for such a practice, as it is not pretended by any person that the present occupants of office in our public institutions

possess a monopoly of either talent or acquirement. The enterprising promoters of these so-called institutions or private hospitals, after some time almost invariably manage, by a little artful manœuvring, to have their pet institutions quartered upon the public purse.

One of the most pernicious effects of these mongrel institutions is, that the pecuniary success of one excites the hopes of a whole host of expectant imitators, by whose proceedings the entire profession is permanently injured, and the public demoralised in a wholesale manner. Let us regard them as we may, we cannot find a single source of satisfaction in these special institutions, nothing but selfishness and monopoly. Necessity cannot be pleaded on behalf of the new Ophthalmic Institution, seeing that Melbourne is already amply provided for in this respect. An eye and ear institution, and an asylum for the blind have been in existence for years in this city, exclusive of the Melbourne Hospital, and a part of the Benevolent Asylum devoted to ophthalmic cases, all of which institutions have professed oculists attached to them. As for an orthopedic department, or institution, we presume a club-foot can be treated as well, if not a great deal better, in any general hospital throughout the colony, where the skill of a large staff is obtainable, as in a special institution in which the services of the proprietor are alone available. Whatever may be the deficiencies of the promoters of the new institution, a lack of wordly wisdom will not be found amongst them, seeing that they have taken special care to have their private addresses blazoned forth to the world on a signboard of goodly dimensions in front of this new temple of Æsculapius. It is not quite obvious whether these gentlemen are to be consulted at the new institution or at their private residences. When it is recollected that the *quasi* alliance of charity and private gain can never be sincere, it is not surprising that the promoters of these hybrid institutions, yclept special hospitals, are sometimes betrayed into very questionable positions, from whence extrication without loss of prestige is difficult, if not impossible.

It is not intended to reflect upon, or find fault with, those medical men who, in private practice, devote their attention chiefly, although not exclusively, to a particular class of complaints, but the founding of institutions for the treat-

ment of special diseases, except, perhaps, in the case of highly contagious disorders, can only be regarded as an unmitigated evil. It is to be regretted that the exclusive policy hitherto pursued by the management of public hospitals, by excluding men of energy and talent from the advantages attendant on hospital appointments, is chargeable with much of the growth of modern specialism. Private hospitals almost invariably owe their origin to self-interest, they are merely professional speculations and commercial ventures.

Medical Annotations.

THE ADMINISTRATION OF FOOD AND MEDICINE BY THE NOSE WHEN THEY CANNOT BE GIVEN BY THE MOUTH.

By D. ANDERSON MOXEY, M.D., M.R.C.P.

(Continued from page 170.)

In the manner before mentioned, I have administered every kind of liquid and semi-solid food, as milk, beef-tea, soups, eggs, arrowroot, corn-flour, Liebig's extractum carnis, etc.; and every kind of drink, as tea, coffee, barley and rice-water, wine, and spirits diluted with water. I have also given in the same way every kind of drug; and, out of an experience of some scores of cases, I have never found the nostrils unduly irritated during the administration, so as to induce sneezing or paroxysmal coughing, as might at first sight be expected; nor have I ever heard the patient subsequently complain of any injury to, or even irritation of, the nostrils; nor have I ever found the trace of a scratch or contusion on the person of a patient fed in this way. Moreover, I have never known the lunatic express any violent resentment at the treatment pursued, nor aver that he had been injured in any way during the administration; and I have invariably found those who assisted at, or witnessed, the procedure express their unqualified approbation of the system. It is surprising to those who have not experience of it, to what an amount of apparent irritation the nares may be subjected without giving rise to discomfort, and what a large quantity of fluid or semi-solid nourishment may be administered by the nose in the space of a few minutes. In order thoroughly to test these points, I instituted a series of experiments on myself, administering through my own nostrils warm and cold water, diluted brandy, eggs beaten up in milk, etc. In no instance was there produced irritation enough to cause my eyes to water. The sensation could neither be called painful nor irritable, but it was sufficiently unpleasant to make me understand and appreciate

the reason why many patients, after a very short trial, prefer to take their food in the usual way. The peculiar feeling lasts but a few minutes after the administration, and is similar in kind to, and certainly not greater in degree than, the sensation of discomfort that follows diving, when the seawater is forced into the mouth or throat through the nostrils. I found I could with ease swallow in this manner a pint of the *mistura vini gallici* of the British Pharmacopœia, with the addition of a teaspoonful of Liebig's extractum carnis; and this potion caused less discomfort to the Schneiderian membrane than a similar quantity of cold water. This was due to my having previously warmed the brandy mixture, which further enabled me to swallow the whole pint in three minutes, whereas the cold water was nearly five minutes in being disposed of. These few experiments taught me that the Schneiderian membrane is by no means so sensitive as we are apt to imagine, but that it is more sensitive to cold than even to stimulating liquids. Hence I have deduced, and would recommend to others, the practical rule, always to warm whatever is administered through the nose.

It may be asked, why do patients, as a rule, give in so much more readily than when food is forced on them through the mouth? There are various reasons for this, I believe. In the first place, most patients, however insane they may be, have a tolerably shrewd appreciation of the power of numbers, and seeing an overwhelming force arrayed against them in the four or five attendants I have recommended to be summoned on these occasions, and not exactly knowing what is going to be done, a feeling of alarm often prompts them to give in, even before they are laid down on the couch. The appearance of the physician with the funnel and sauceboat still further magnifies in their eyes the extent and apparent mysteriousness of the preparations. In the second place, when they are held down on the couch so that every movement is absolutely controlled, the feeling that they are utterly powerless, and that resistance is simply impossible, doubtless often conquers their obstinacy, and leads them to make a virtue of necessity. At the same time, this feeling of utter helplessness is not agreeable to the natural vanity of anyone, sane or insane; the patient feels as if he were being degraded and treated like a child, and in some instances this idea seems to prompt the unconditional surrender. Sooner than again be placed in so humiliating a position, I have seen several patients, who had previously fought desperately against all attempts to feed by the mouth, take their food quietly, and in the usual way, after once having had their vanity so wounded. In the third place, when the funnel and sauce-boat have been called into requisition, the sensation, as already stated, is quite disagree-

able enough to bring most patients to terms, particularly when the luxury of a stout resistance is so completely precluded.

On the other hand, when food is forced by the mouth, not only are the voluntary muscles of the whole body arrayed against the attempt, but the muscles of the mouth itself, even if the others are thoroughly controlled, can be used as antagonistic agents to the last; and it is wonderful how the patient enjoys to bespatter the attendants with the half-swallowed food. He never feels, as in the other case, wholly in the power of those around him; and, so long as the veriest loophole for resistance is open, he fights to the last, and is ready to fight again. The more he is hurt the more savage he becomes; and he will sometimes even glory in his bruises and abrasions, if he can only trace some of his own handiwork on the clothes or persons of those who forced the food down his throat.

In narrating my experience of this method of administering food, I have explained, in the first instance, its exhibition to the insane. In the advocacy of a procedure as yet untried by the greater part of the profession, it is, perhaps, unwise of me to have first referred to such cases, surrounded, as they always are, by so many repulsive adjuncts; for it is painful to be compelled to use force of any kind to a fellow-creature, and especially to a fellow-creature suffering under so sad an affliction as insanity—in fact, it is painful even to write about it. But it was in the Hants County Lunatic Asylum, of which I was assistant medical officer ten years ago, that I first saw the plan adopted; and it was in consequence of the good results I derived from its use there, that I was induced subsequently to try it in various diseases and states of the system unconnected with insanity.

(To be concluded in our next.)

INJECTION OF ERGOT OF RYE IN ANEURYSM.

In a paper read at the Berlin Medical Society, Geh. Rath von Langenbeck gave an account of a case of subclavian aneurysm which he had treated by subcutaneous injection of ergot of rye. The patient, forty-five years of age, came under his notice as far back as 1864, and, an operation not being deemed advisable, four of Jacobson's moxas were, between October and December, applied over the tumour, so as to give rise to prolonged suppuration. Considerable improvement followed, at least as regards the severe pains in the limb from which the patient had suffered, and he was able to return to his home. From January, 1865, to the summer of 1868, he was able to pursue his calling. The aneurysm, though smaller and causing no suffering, had continued pulsating. During the heats of last summer the

tumour increased in size, the pulsation became stronger, and the pains returned; and in January, 1889, he came again under Professor Von Langenbeck's care. The aneurysm then projected as large as a fist above the clavicle, and so strong was the pulsation that, on embracing the tumour, it gave the sensation of being about to immediately burst, and the pulsation was also sensible beneath the clavicle. The patient had been deprived of sleep for some months by the pain in his arm, and was obliged to keep the sitting posture in bed, with his body inclined to the right. Owing to the weakness of his hand, he had been unable to write for some months, and it had fallen into a state of great muscular atrophy.

On January 6th, owing to its known action on the organic muscular fibre, the author performed an injection of 0.08 gramme of the aqueous extract of *secale cornutum* under the skin covering the aneurysm. A speedy result was the great abatement of the pain, so that, after a day or two, the patient was able to sleep quietly. Between January 6th and February 17th, and, as a rule, at three days' interval, the injections were continued, so that at the end of that time 2 grammes of ergotine, in doses of from 0.03 to 0.018, had been thrown in, and up to this time improvement has continued. The patient, from being unable to hold a pen, is now able to write a long letter. The aneurysm still pulsates very distinctly, although much more feebly, and has considerably diminished in size. No general effects on the system were observed, although sometimes as much as 0.018 grammes was injected. The formula employed was Bonjean's extract 2.5, spirit of wine and glycerine of each 7.5.

After adverting to the employment of the *secale* in the arrest of various hæmorrhages, Professor Von Langenbeck communicates in a postscript an account of another case of aneurysm, in which he has resorted to the same means, and in which a single injection of 0.15 of the extract sufficed to entirely disperse an aneurysm of the radial artery of the size of a hazel nut. A carpenter, forty-two years of age, was admitted into the Clinic, February 16th, having two days before received a wound of the left elbow. In order to examine whether the knife had entered the joint, he was put under the influence of chloroform, and during the examination an aneurysm of the right radial artery was detected at about three centimetres above the wrist joint. It was at first thought to be a tumour beneath the artery, but a more complete examination established beyond doubt the existence of an aneurysmal sac formed of the lower or posterior wall of the artery, the superior or anterior wall remaining unchanged. The patient declared that the aneurysm had appeared about twenty years

before, without any known cause, pulsating from the first. Though very small then, it gradually increased to its present size, without causing pain or preventing him from working. For the last two years it has not increased in size. On February 17th, 0.15 gramme of the above solution was injected between the skin and the aneurysm, and next morning all traces of the tumour were gone; and a most careful examination made on March 18th (twenty-nine days after the injection) found the radial artery in an entirely normal condition in the region where the aneurysm had existed, and strong flexion of the fingers, which formerly caused great projection of the tumour, was now followed by no such result. The right arm has indeed been used for all purposes during the healing of the wound in the left elbow. The justness of the indication which originally led Professor Von Langenbeck to employ *secale* in the treatment of the first case of aneurysm—viz., the power it possesses of exciting contraction of the plain muscular tissue—is confirmed by his great success in the second case, since arteries of the calibre of the radial possess a much richer development of the plain muscular tissue than the subclavian artery does.—*Medical Times and Gazette*.

WEIGHT OF BRAIN IN DIFFERENT RACES OF MEN.

WE have recently perused an elaborate paper by Dr. J. B. Davis on the "Weight of the Brain in different Races of Men," which was read before the Royal Society. The method pursued by Dr. Davis in his researches has been to gauge the different capacities by filling each skull, as uniformly as possible, with clean and dry Calais sand of a definite specific weight (1425), and then to pour it out and weigh it. In order to make allowance for the other contents of the cranium besides the encephalon, he has given a percentage deduction of 15 per cent., which appears to bring his results very closely in accord with those obtained by different observers by other methods. The weight of the sand, after this deduction, has then to be converted into its equivalent of cerebral matter of the specific gravity of 1040. The total number of human skulls of different races examined in this way has been 762, and the following are among the results at which Dr. Davis has arrived:—The average brain-weight of 21 Englishmen is 50.28 oz., or 1425 grms.; that of 18 Englishwomen, 48.13 oz., or 1322 grms.; that of the entire series is 47.50 oz., or 1346 grms. According to Dr. Thurnum's analysis of Dr. Peacock's tables, the Scotch appear to have an advantage over the English in cranial capacity. Of 16 examples of French skulls, 9 of men and 7 of women,

the mean of the series was 45.17 oz., or 1280 grms.—decidedly below the English. The skulls of Italians, Laplanders, and Swedes examined gave a general mean closely agreeing with that of the English. The Germans, owing to the great predominance of male skulls—six-sevenths of those examined—gave a high average, 50.28 oz., or 1435 grms. The mean of the series of the German skulls exceeds the English mean. It appears from Dr. Davis's tables that the gipsies stand lowest in the series of European peoples in brain-weight, so far supporting their supposed Indian origin. Hindoos: The mean of the series of 35 male and 31 female skulls was 42.11 oz., or 1193 grms., which is exactly the same as that of the Afghans. The extraordinary difference in the weight of the brains in the races of India from those of Europe seems to be deserving of the serious consideration of the advocates of the Indo-Germanic or Aryan hypothesis. The general average of 210 skulls of Asiatic races, as compared with that of European races, shows a difference of 76 grms. in favour of the latter. The general mean of African races, as deduced from 113 skulls, is 3.28 oz., or 91 grms. less than the European general mean. The investigation of 35 skulls of Australian races (24 men and 11 women) gives a general mean brain-weight of 41.81 oz., or 1185 grms. In this they stand apart from the people of all the other great divisions of the globe by possessing the smallest brain. They have a brain-weight which is one-ninth less than that of Europeans. The accuracy of the proposed tare employed by Dr. Davis in his calculations has revived an important illustration in some recent labours of an eminent Austrian anatomist, Dr. A. Weisbach, of Vienna.—*Lancet*.

ON IRRIGATING SLOUGHING WOUNDS WITH COLD WATER.

By HAYNES WALTON, F.R.C.S.,

A FEW words about irrigation. I do not pretend to know much about this, as I am yet a learner. I have not applied it in more than a dozen cases; but of its advantage, wherever any sloughing is going on, I am quite certain: it stops the process as by magic. Lives may be saved through it by the checking of pyæmia. Instead of the foul materials which are generated being allowed to accumulate, as they do in the poultice, and undergo decomposition, they are washed away as soon as they are formed. I have looked in vain among the surgical works within my reach for a description of irrigation in these cases. As a means for applying cold, the process has been in use for many years; and I believe it was more used formerly than now. My apparatus has consisted of a small reservoir, from which hung some worsted

threads; and the water was thereby conveyed by drops to the diseased part, over which was laid a piece of linen, with the lower edge hanging free, so that there should be no impediment to the escape of the fluid and the foul materials. A gutta-percha sheet received the dripping, and conveyed it to a vessel on the floor. I have never employed carbolic acid or any other drug with the water.

HOSPITAL ADMINISTRATION.—Who that has observed the whole working of the hospital system in Paris, can doubt that it is greatly superior to the London system? The medical men of Paris, being appointed to their positions by fair and open competition, are, as might be expected, much more universally scientific than our London hospital physicians and surgeons. It is almost impossible, indeed, to be certain that a gentleman now holding any public medical appointment in London is a man of ability, so dubious are the ways by which he is at present obliged to seek for advancement. In Paris he must be up, and continue up, to a certain standard of proficiency, in order to compete for the different appointments. This position of our medical men in this country is the key to the condition which they occupy, and to the way in which their public services are rewarded. We believe we may say that, in *Paris*, *there is scarcely any such thing as an honorary medical officer to any hospital*; whereas, in London, the rule is, that the medical staffs of hospitals are almost unpaid. In many cases, too, years elapse before the hospital physician or surgeon is able to pay his way by means of his practice; and it surely seems absurd that none of the proceeds of the charity should go towards paying the persons, without whose aid such charities could not exist. The consequence of this custom, of course, is to narrow the field of competition to those who are able to live on their own means for some years, until, perchance, practice may arrive, which, of course, limits the number of able competitors, and the public suffers thereby.—*Medical Press and Circular*.

Death.

SPEARMAN.—On the 12th August, at his residence, No. 13 Spring-street, in the twenty-fourth year of his age, George Spearman, L.R.C.P., M.B.C.S.L., &c., youngest son of the late William Spearman, of Manamedge, Plymouth, England.

Notice to Correspondents.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND CO., 72 Little Collins-street East, Melbourne.

Dr. BOWIE's communication on the injurious consequences of removing invalids will appear in our next.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 173.)

At Havanna, "the only lazaret is a floating hulk anchored off the quarantine ground."

In the Neapolitan States, the extensive lazaret establishment, on the Island of Nisida, in the Bay of Naples, has not been regarded by the quarantine authorities as being sufficiently complete in its arrangements for the purification of all foul bill arrivals; and hence, under certain circumstances of apprehended danger, arrivals are liable, under the decree of 1819, to be refused admission into Neapolitan ports and obliged to leave at once.

In the autumn of 1859, arrivals from Spain, Holland, &c., having had a few cases of cholera on board during the voyage, were not permitted entrance until the necessary quarantine had been performed in a foreign accredited lazaret.

Most of the Turkish lazarets seem utterly unsuitable for the safety or comfort of persons detained, for they are more likely to catch disease than to recover from it in such places as have been described.

At Galatz, the lazaret has become quite dilapidated since the war in 1854, as has also that at Brailow. The great Russian establishment in the Black Sea, at Kertch, was likewise dismantled during the Crimean war.

At Alexandria, the lazaret is stated to be able to accommodate 1000 persons.

At Tripoli, in Barbary, the lazaret is described as being in a very damp situation, the apartments quite unfurnished, and the inmates must procure and cook their own food.

At the Piræus, the former lazaret has been abolished since 1854, when it was occupied as a barrack by the French troops. In that year, eight wooden huts were erected on the side of the port, opposite to the town, and about a mile distant. Tents would be a luxury to such habitations; the situation is most desolate, and altogether so unfit for a civilized being that several instances have been known where English families, rather than subject themselves to such uncomfortable durance, have abandoned their intended visit to Athens, and proceeded on their voyage. A large lazaret is in course of construction.

The lazaret establishments in most of the United States' seaports have the character rather of detached and partially isolated marine hospitals for the reception of all sick persons on arrival,

with occasionally superadded stores for the airing of foul cargoes, than of the secluded and strictly-guarded establishments of the old world. No accommodation is provided for persons in health on arrival, nor are such persons almost ever detained. The extensive lazaret establishment on Staten Island, in the harbour of New York, was set fire to in open day, and destroyed by the inhabitants, in 1858, after the sick—there were many yellow fever patients in the hospital at the time—had been removed, in order to compel the transference of the establishment to a station further down the harbour. The warehouses for the reception of goods had been discontinued for some time previously; and barges, moored about 1000 yards from the hospital, had been substituted for the buildings on shore. But the removal of cargoes for purification appears to be rarely practised at any of the lazarets of the "Union." Cargoes are never landed at the well-conducted quarantine establishment at Grosse Isle, in the River St. Lawrence, where the sick on board are detained before vessels can proceed up to Quebec.

Bermuda has two lazarets; one for merchantmen, the other for the navy.

No lazarets exist in Nova Scotia, nor apparently in any of our West India colonies, except at Nassau, in the Bahamas, where a small lazaret has been erected within the last twelve months, on an island about three miles distant.

In the Spanish and other foreign West India islands, the only lazarets are floating hulks, to which it is said cargoes are sent when necessary.

Consul Westwood states that at Rio Janeiro there is no regular lazaret or quarantine establishment. At Monte Video, there is a small lazaret. The accommodation is restricted and bad, and there is no resident medical officer.

* The permanent quarantine establishments on shore in the Mauritius, and in the principal ports of Australia, are the most complete of any in the colonies, and appear to be similar in most respects to the Canadian lazaret at Grosse Isle. They are intended only for the reception of persons, no cargoes being ever landed.

CASE OF CARBUNCLE TREATED BY CARBOLIC ACID.

(Under the Care of GEORGE MOORE, M.R.C.S., Senior Surgeon to the Benevolent Asylum, Melbourne).

J. W., a labourer, aged 70 years, was admitted into the hospital wards of the Benevolent Asylum on 5th June, 1869, suffering from carbuncle. According to his own statement, the patient had all his life been a sober, hard-working man, and had always enjoyed good health. Latterly, being out of work, he had had but scanty fare, and had

become thin and weak. About ten days prior to his admission he felt a painful swelling on his left side, which, on the recommendation of a neighbour, he had been rubbing twice a day with kerosene oil. On admission, his skin was cold; tongue covered with dirty white fur; bowels confined; pulse 80, steady, but feeble. On left side, about two inches from last dorsal vertebra, was a flat, livid swelling, perfectly circular. This swelling presented the characteristic watering-pot openings, through which was exuding highly offensive pus. The integument around was hard, livid, and swollen; there was dull, burning pain over the whole side. The patient was ordered to bed at once, to have a mild aperient; and a linseed poultice over the sore. On the following day a crucial incision was made through the diseased mass down to the healthy parts, and potassa fusa freely used. To the sore was applied a linseed poultice, on which was spread a lotion of carbolic acid 1 part, glycerine 40 parts. He was ordered beef tea and brandy every second hour, and Tinct. Ferri Murias, *m xv.* every third hour. The above treatment was continued with little variation for a week, the sloughing parts being carefully removed every day. At the end of that time there was very little discharge; the sore looked well, and water dressing was used till it was healed over.

The satisfactory feature of this case was the extent to which the carbolic acid seemed to improve the character of the discharge. Instead of the usual offensive odour on the removal of the poultice, there was little or no smell; the pus throughout was of a healthy character. It may be objected to the use of the acid in such cases that rapid sloughing and death of the integuments implicated is what is desired, but that the use of carbolic acid would tend to prevent this. It seemed, however, that the use of the acid promoted the separation of the sloughs, prevented all fætor, and improved the character of the discharge.

ON THE INJURIOUS CONSEQUENCES OF REMOVING INVALIDS.

BY ROBERT BOWIE, M.R.C.S.

THE injurious effects of removing patients while in a feeble or exhausted state I have long endeavoured to urge on the attention of the Government, the public, and the medical profession. It was therefore with feelings of disgust that I read, the other day, of the removal of the lunatic, Edward Ashman, from the Melbourne gaol to the Yarra Bend Lunatic Asylum, in the records of which institution may be found many revolting cases of a similar kind.

I believe I may say with safety that there is not a medical practitioner in this colony who has had

more, or so many, opportunities of witnessing the condition of the poor, and studying their diseases, than have fallen to my lot; indeed, so well was that known in the mother country, that my advice and assistance were asked for by the most eminent members of my profession, and by the Government itself, on occasions of difficulty. It is not with a view of boasting of what I have done, that I have alluded to these facts, but to warrant the expression of the opinion I entertain, that many a life might be saved, and much suffering and misery averted, were a little more judgment and kindly feeling exercised by Government functionaries. Well has the poet said:—

Man's inhumanity to man
Makes countless thousands mourn.

Having thus premised, I would submit to notice the following facts:—

As long ago as the year 1814, typhus fever broke out in a district in Scotland where I was then in practice. Many of the cases were of a very severe form; and I remember one young man in particular, who died on the third day, with all the symptoms of yellow fever, even to the black vomit. Had a similar case occurred, I would have deemed it my duty to have reported it to the Government. The number of patients I attended at that time amounted to eighty-three; of whom only three died, although treated in the cotters' and farmers' houses where they resided.

After being in practice for ten years in London, in conjunction with a few friends who took an interest in the poorer classes, a society was formed, termed the London Destitute Sick Society, to which, assisted by my brother, I acted as member of committee and honorary medical officer. In that year, owing to the severity of the weather, out-door work was all but suspended, and the poor suffered frightfully in consequence.

The fever hospital was stated to be full, and numerous applicants to other hospitals could not be admitted. On that occasion, the advantages of house to house visitation and of the non-removal of feeble patients were strikingly apparent.

Day after day the members of the committee, my brother, and my assistant, aided me in going from house to house, and even from room to room, in order to detect disease in its earliest stages, and endeavour to arrest it.

Besides cases of scarlet fever, measles, small-pox, and other diseases of a febrile character, 72 cases of typhus fever came under my care within four months. All of these fever cases recovered, except one girl, about 16 or 17 years of age, who had previously been long an invalid, although the places in which they were treated were uncomfortable, wretched, miserable, and dilapidated. Indeed, some of the sick were treated in cellars in which they had been lodging.

In 1880, I became connected with the Houseless Poor Institution, as member of committee and honorary surgeon. Next year it so happened that typhus fever broke out in the Eastern Asylum of that institution with great severity, and spread with alarming rapidity, forty of the inmates sheltered being prostrated in a few days, and, before it could be arrested, the number that had to be treated in the asylum reached sixty-three. The total number in the asylum when the disease commenced was about 400, all of them destitute, unemployed seamen.

When the disease first made its appearance, great alarm was created. A meeting of the central committee was held, and instructions given to send the sick to the Fever Hospital, discharge the other inmates, and close the Eastern Asylum. I remonstrated against such hasty proceedings, and represented not only the danger of removing the sick, but also that of scattering so many poor individuals from an infected institution among the miserable lodging-houses in that part of London.

The chairman of the eastern committee entered fully into my views, and declared his intention to turn the asylum into a temporary hospital, if I would agree to take charge of it, rather than that the sick be removed. On my saying I would have no objection to do the best I could to meet the difficulty, if it was resolved to make the experiment, with the sanction of all the members of committee, the asylum was placed under my management, with unlimited power to make whatever arrangements I might deem necessary.

The inmates, prior to the disease appearing among them, slept on the floor, littered in straw, and without undressing. An infirmary was immediately partitioned off, and fitted up with separate cribs, stoves, etc. Blankets, sheets, shirts, mattresses were provided, and the number of attendants increased, several active young seamen offering and rendering their services. The sick were immediately placed in separate cribs, kept perfectly at rest, and every attention paid to their various needs. With the exception of one young seaman, who experienced a relapse from going out too soon, contrary to orders, and getting soaked with rain, all the patients (sixty-three in number) who had remained under my care, recovered, and left the asylum cured.

Two of the earliest cases were sent to the Fever Hospital; they died. The hospital being reported full, no more were sent, so that the sixty-three that came under my care were not disturbed. At that time, I believe the hospital mortality was estimated as one death out of every twelve patients, while in that of a roughly fitted-up shelter, the mortality was only one in sixty-three.

A short time before the patients were ready to

be discharged, my assistant was attacked, and soon afterwards my most zealous and indefatigable helpmate, my brother; in consequence of which I had such an increase of labour, that when all danger to the patients was over, and arrangements were making for their discharge, I was myself attacked, and soon afterwards my eldest daughter; we all suffered severely, but struggled through it.

On my recovery, I learnt that one of the attendants, just before or immediately after the Asylum closed, had been attacked, and that he either went or was sent to the London Hospital, where he died. During my sickness, I found the advantage of rest and quietude.

I may add, that I have had many fever cases in my private practice, and that I had no reason to complain of want of success.

I hope to be able to furnish for your next number a few striking instances of the beneficial effects of non-removal in cholera.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the "*Australian Medical Gazette*.")

ON THE ABUSE OF ALCOHOLIC LIQUORS.—BY DR. BENOIT.

IN no country in the world can the injurious effects of the excessive use of alcoholic drinks be better studied than in Australia. Our lunatic asylums may be said to be filled with the victims of intemperance. The remarks published by Dr. Benoit are not without interest, although they will add nothing to what the profession here know of the subject. He divides the effects of alcohol into six states—1. Intense craving for drink. 2. Habitual drunkenness. 3. Delirium tremens. 4. Alcoholic epilepsy. 5. Alcoholic idiotism. 6. General paralysis. He confines his observations to the effect of alcohol in causing epilepsy; and in speaking of the intimate resemblance of this disease to convulsions from other causes, he describes a case in which the patient had for several years been subject to repeated attacks of delirium tremens and epilepsy. While suffering from an attack of the former, he suddenly uttered a loud cry and fell back, his body became rigid and convulsed, face livid and convulsed, respiration difficult and stertorous, with foaming at the mouth. This state lasted for some time, when the forcible action of the muscles of respiration overcame the obstruction of the larynx, the face gradually lost its livid aspect, the convulsive shocks lessened in severity, and at length a calm ensued, but the respiration remained stertorous, and he sank into a state of coma, which lasted for twenty minutes.

He reports another case, in which the attacks

had a tendency to occur periodically. He considers that alcoholic epilepsy is transmissible. In a boy, aged ten, the disease had occurred since he was two years old. His father had suffered from the disease brought on by the abuse of drink. [Undoubtedly, in some cases the disease is transmitted, but not in others. The translator has a case now under his care, in which the patient's father suffered from the disease and died from paralysis, but he presented no symptoms of the disease until he began to drink when he was thirty years of age. In another case, the patient's father was never able to drink without "its affecting him," but not to produce epilepsy. He soon became affected on taking to drink. He has been more or less under the translator's care during the last eight or nine years. Half a glass of spirits or beer excites an irresistible desire for more; and, after drinking heavily for several days, an attack of epilepsy occurs. The attacks continue for several days; the first one being the most severe. As the effect of the spirit on the brain passes off, they appear always to lessen in severity. He generally gets attacks once in fourteen days, and the longer he is without them, the severer they are, although he has ceased to drink for a long time. None of his children have shown any tendency to the disease.]—*Gazette Medicale de Strasbourg*.

BLEEDING FROM THE EARS NOT A PROOF OF FRACTURE OF THE BASE OF THE SKULL.

THE constant occurrence of bleeding from the ears in injuries of the head, followed by the recovery of the patient, should lead surgeons to be careful in giving an opinion that the case is hopeless. Some time ago, the translator had an opportunity of making a *post mortem* examination of a case in which there was profuse bleeding from the ear after a fall; fracture through the mastoid portion of the temporal bone was found. In another case, in which there was also bleeding, the patient recovered, and went about his occupation as a carpenter for a fortnight. He became suddenly comatose, and died in twelve hours. The petrous portion of the temporal bone was fissured, but it did not extend through to the brain. There was extensive effusion of serum at the base of the brain, the result of inflammation of the membranes covering the bone. Several cases were brought under the notice of the members of the Medical Society of Strasbourg, at a late meeting, in which recovery had taken place after bleeding from the ears.

CALCULUS ARRESTED IN THE URETHRA OF A CHILD: URÆMIA; PUNCTURE OF THE BLADDER; REMOVAL OF STONE FROM THE URETHRA BY INCISION. BY DR. PLETT, OF LUBECK.

A LITTLE boy, aged six, was suddenly taken in the night of the 28th of September with pain in

the region of the bladder and retention of urine. There was a little enlargement of the bladder, with some tenderness in the lower part of the abdomen, but the scrotum and penis were enormously swollen. The urine escaped in drops. There was not much constitutional disturbance. By midday on the 29th the swelling had extended up over the pubes and into the perinæum. The penis and scrotum were rather less swollen, and for the first time the opening in the urethra could just be distinguished. A small sound could be introduced about two inches, when it was arrested. There were some gangrenous patches on the penis and scrotum. The bladder had enlarged, and could be distinctly traced. He complained of considerable pain. Pulse small and quick; but there was no disturbance of the functions of the brain. An incision was made into the urethra, but without finding the body supposed to be the cause of the obstruction. In the evening he became insensible. The bladder was punctured above the pubes, in preference to doing so by the rectum. The swelling of the soft parts rendered it difficult to reach the bladder. A large quantity of clear urine escaped, and consciousness returned rapidly. During the following days the swelling of the scrotum and penis diminished, and the gangrenous spots assumed a healthy appearance.

While dressing the sores on the 2nd of October, a hard body was felt in front of the scrotum. An incision was made, and a small stone, the size of a kidney bean, escaped. The edges of the wound were brought in contact by a couple of metallic sutures. When examined, the stone was found to consist of oxalate of lime with a little uric acid. A canula was retained in the bladder for several weeks. Some trouble was experienced with the sutures, from their exciting suppuration; and, at the end of the fifth week, there was a small opening remaining. The application of caustic potash caused it to close.—*Condensed from the Journal für Kinder Krankheiten*.

PRESERVATION OF DEAD BODIES BY INJECTING THEM WITH GLYCERINE AND PHENIC ACID.

DR. DEVERGIE, at the meeting of the Academy of Medicine, in May, read a paper on the effect of injecting the arteries with a mixture of glycerine and phenic acid. The bodies so treated emitted no smell at the end of several months.

THE *Argus* of the 8th inst. contains a reference to some experiments on the subject of snake poison, said to have been instituted by Mr. "Payrer," of Calcutta. We presume that this is intended to refer to the very valuable series of experiments on the cobra poison undertaken by Professor Fayrer, of Calcutta, the most important of which appeared in this journal nearly three months ago.

REVIEW.

The New Treatment of Snake-bite, with Plain Directions for Injecting. By GEORGE BRITTON HALFORD, M.D., M.R.C.P., Lond., M.R.C.S., Eng., L.S.A., Lond., Professor of Anatomy, Physiology, and Pathology in the University of Melbourne; formerly House Surgeon to the Westminster Hospital, London, and Senior House Surgeon to the Royal Infirmary and Lunatic Asylum, Liverpool; lately Lecturer on Anatomy at the School of Medicine adjoining St. George's Hospital, and Physician to the Royal Hospital for Diseases of the Chest, London.

THE question of snake poisoning is too sensational a subject to escape the attention of candidates for fame in the present day. The latest aspirant to the public favour in this respect is Professor Halford, who, on the strength of a few experiments upon dogs, proposes to treat all cases of snake-bite by injecting a solution of ammonia into the veins. Dr. Halford advances some very novel opinions in his pamphlet, in the first page of which the following passage occurs:—"Fever-poisons corrupt the blood, and a like agency is at work in snake-poisoning. The successful treatment of snakebite *must* be the key to the successful treatment of many other diseased conditions." No attempt is made to show that any similarity exists between the various kinds of fever-poison and snake-venom, nor to prove that an antidote to the latter must necessarily be a specific for the former. The unphilosophic error of jumping at conclusions without a shadow of reason, pervades the entire pamphlet. We fully concur in the well deserved compliment paid to the merits of Dr. Weir Mitchell, of Philadelphia; but we think this might have been done without attempting to sneer at the experiments of "European and Indian doctors," as whatever knowledge of snake poisoning Dr. Halford possesses must be very recent indeed compared with that of Dr. Fayrer, of Calcutta, whose field for observation is the largest in the world, who has devoted years to the investigation of snake-poisoning, and who is a man of well-known scientific attainments; although, in common with other observers, he has failed to confirm Dr. Halford's views on the condition of the blood in snake-poisoning, and has reported unfavourably on the value of ammoniacal injection. Dr. Halford's first experiment on a dog bitten by a tiger snake proves nothing, inasmuch as the animal survived without having anything done for him until the following day, and required eight days to recover under the treatment by ammoniacal injection. There is nothing to show that, had stimulants and nourishment been administered, the dog would not have recovered as soon, if not sooner.

The second, third, and fourth experiments seem more satisfactory, but are in reality far from being conclusive. The third makes apparent one important danger of ammoniacal injection, the risk of causing dangerous sloughs, erysipelas, pyæmia, etc. In the fifth and last experiment, notwithstanding the injection of ammonia, the animal had the perversion to die.

When the many serious sources of fallacy incident to snake-bite are fairly taken into account, we have little hesitation in stating that these experiments are very far indeed from being either satisfactory or conclusive. On several occasions when numbers of dogs have been bitten by snakes undoubtedly venomous, a large percentage have recovered without any treatment whatever. Experiments on snake-poisoning, to be of any value, would require to be very numerous; were the bitten animals treated by a variety of methods, such as by injecting ammonia into the veins; administering it by the mouth, by the rectum, and by inhalation; by excising the bitten part; by stimulants; by simple nourishment, etc., the percentage of deaths and recoveries under each plan of treatment, might lead to some valuable results; but these experiments, conducted apparently with a view to prove a foregone conclusion, for all practical or scientific purposes may be deemed worthless.

The first case in which the injection of ammonia into the veins was tried in the human subject occurred in the practice of Dr. Dempster, at Beechworth, who injected ammonia both into the veins and hypodermically. In this instance the patient was very weak so late as the fifth day, and had, besides, a great variety of local and internal treatment. How is it possible to say what share the injection of ammonia had in the recovery? In this case, it is understood, although Drs. Dempster and Halford are silent on the subject, that a large and dangerous slough resulted from the injection of ammonia. If this were so, why was it not stated? In his comments upon this case, Dr. Halford makes a curious statement concerning "those vibrations whose *reception constitute* light and sound." The concluding paragraph on this case contains a strange medley of theology and medicine. The only part that deserves notice is the admission that "recovery sometimes takes place under any form of treatment, or, indeed, in spite of it."

The second case of alleged recovery from snake-bite after the injection of ammonia is said to have occurred in New South Wales; but, as no particulars are given, and it is not known whether the snake belonged to a venomous species, further reference is unnecessary.

The third case occurred at Elsternwick, and such a variety of treatment, both local and general,

had been employed, that it is impossible to estimate what share in the recovery is due to the injection of ammonia. In this case it has been broadly asserted by those who know this gentleman well, that he was not bitten by the snake at all, but that he was suddenly seized with extreme fright, which reduced him to a state of great collapse. One very important symptom observed, in most of these cases of snake-poisoning, is the supervention of more or less drowsiness. It is of the first importance to a rational treatment of these accidents to ascertain the nature of this drowsiness or stupor, whether it is analogous to the condition produced by an overdose of opium, or if it be the result of cerebral congestion, or whether it is occasioned by nervous or vascular debility, or by both, or if it be merely due to the circulation of poisoned blood in the brain. On this point the professor is ominously silent.

The fourth case had such various treatment applied, that it is not possible to say what credit in the recovery is due to the injection of ammonia.

Dr. Halford states that "The *fifth and sixth case* is that of Dr. Barnett, of Smythesdale." In the first of these cases such a variety of treatment had been resorted to, that it is difficult to estimate the value of ammoniacal injection. In the second case, no symptoms of snake-poisoning having been developed, it is very doubtful whether the girl was bitten by a venomous snake. Some very unpleasant symptoms, however, resulted from the injection of ammonia.

In reporting the seventh case to Dr. Halford, his friend, "the good professor," states:—"About *three-fourths* of a bottle of brandy, mixed with ammonia, was administered internally." In this instance various treatment was resorted to, and the patient does not appear to have rallied for a considerable period after the ammoniacal injection.

In the eighth case, also, much other treatment had been employed; but, if the case be accurately reported, the injection of ammonia would appear to have been serviceable.

The ninth instance, described by Dr. Halford as an "obscure and unfortunate case," occurred at Kyneton, and was one eminently calculated to test the value of ammoniacal injection, as the patient, although weak, was perfectly sensible and free from drowsiness up to the time of his death, and lived for thirty-seven and a half hours after the first injection of ammonia, and for fourteen hours after the third and last time of injecting, showing that there was plenty of vitality in this lad. The unfortunate result of this case is quite sufficient to shake all reasonable confidence in ammoniacal injection.

In the tenth and last case, reported by Dr. Rae, of

Bacchus Marsh, although a good deal of other treatment had been put in force, the injection of ammonia would seem to have been decidedly serviceable. Out of the ten cases of Snake-bite adduced by Dr. Halford as evidence of the infallibility of his plan of ammoniacal injection, one terminated fatally; in another, no toxic symptoms occurred; in a third, it is very doubtful whether the person was bitten at all; and in a fourth instance, nothing whatever seems to be known about the case. This leaves six cases of alleged recovery out of ten. It must be borne in mind that, in every one of these ten cases, without exception, a variety of treatment, as well local as internal, had been employed.

In a subject beset by so many sources of error as snake-bite, it is absurd to lay claim to the merit of having discovered a specific on the strength of a few recoveries, in all of which other treatment had been had recourse to. In the interests of humanity, and medical science, we would be the first to congratulate Dr. Halford, and give him all the merit due to the discoverer of a specific for so formidable an accident as snake-poisoning. It may not, however, be out of place to remember, that it is not so very long since this gentleman publicly certified to the specific virtues of the now despised antidote of poor Shires, from his connection with whom, it is not impossible Dr. Halford may have obtained the first hint of injecting ammonia into the veins, as this drug forms the "chiefest" ingredient in Shires' antidote.

In addition to injecting ammonia, Dr. Halford recommends excision of the bitten part—one of the most valuable parts of the old rational mode of treatment. Had Professor Halford imported into his pamphlet a little science, and less marvellous *ad captandum* pretensions, he would have served his reputation more. The threadbare device of announcing his titles and qualifications in two separate sheets of his *brochure* is more in harmony with the instincts of Professor Holloway than creditable to the dignified bearing so becoming in a University Professor.

Although Dr. Halford is so severe upon empiricism, asserting that "all practice not based on physiology is old woman's avocation," he is nevertheless silent on the *rationale* of ammoniacal injection. We are left to conjecture whether ammonia does good by virtue of its stimulant or alkaline properties, or of both; or whether it neutralises or decomposes the venom. Had snake-poison, mixed with ammonia, been experimented with, some light might have been thrown upon a remedy which from time immemorial has enjoyed a reputation for the bites of venomous reptiles.

In the interests of science and philanthropy, it is to be sincerely hoped that further experience will demonstrate the efficacy and safety of ammo-

niacal injection, and that time will justify the eulogistic appellation, "benefactor of his species," conferred by anticipation on Dr. Halford by his enthusiastic admirers in the daily press. It is unfortunate that the proposed plan of treatment should have been first advocated in a pamphlet bearing more resemblance to a professional advertisement or puff than to a scientific treatise. From the style in which Dr. Halford speaks of cutting and hacking the veins, a person would imagine that no such disease as phlebitis existed, and that pyæmia was a myth. It is quite true there may not be much risk of air, to a dangerous extent, getting into the circulation from venous injection; but such a contingency is by no means impossible. If ammoniacal injection be the wonderful discovery it is alleged to be, it is matter of regret that poor Drummond had not the benefit of it. Dr. Halford concludes his pamphlet with the startling announcement that "Ammonia may not only be injected into the veins, but into the heart itself, without injurious effects."

Medical Notes.

A MEETING of the Medical Society was held on the 1st inst., when papers were read by Drs. Thomas, Fitzgerald, and Bowen.

MUNICIPAL SHABBINESS.—We understand that the wealthy Borough Council of Fitzroy expect to obtain the services of a medical gentleman to discharge the responsible and important duties of health officer to that borough for the munificent salary of £20 per annum. We hope that no practitioner will be so forgetful of what is due to his profession and to himself as to accept the appointment at a less salary than £50. The Borough Council have so long had the duties of health officer performed gratuitously, it would seem that they consider it a great stretch of liberality to offer the extravagant salary of £20. No doubt the nuisance inspector will receive three or four times this amount.

THE BARKER TESTIMONIAL.—A number of the professional and personal friends of Dr. Barker presented that gentleman, on the 26th ult., with a service of plate, accompanied by the sum of £240, to recompense him for the expense and anxiety occasioned by an action recently brought against him by a man named Donaldson, who, while under his care in the Melbourne Hospital for fractured patella, had to undergo amputation of the lower extremity of the thigh, in consequence of gangrene attacking the limb.

THE SCARCITY OF SUBJECTS FOR DISSECTION.—It would appear that the difficulty of procuring "subjects" for anatomical purposes is not likely to be removed by obtaining a supply from the Melbourne Benevolent Asylum, the managing

committee of that institution having by a subsequent resolution virtually annulled their previous consent to permit the bodies of deceased inmates to be given to the anatomical school. The vast majority of inmates who die in the Asylum are worn out by chronic disease and old age; their bodies would not be very valuable for anatomical purposes; nevertheless, we think that the committee did not act wisely in throwing unnecessary obstacles in the way. There can be no valid reason why the bodies of persons maintained for years, in comfort and idleness, in this institution at the public expense, should not be available for so necessary and useful a purpose as the teaching of anatomy. Professor Wilson's proposition, that the remains of any bodies given for dissection should be attended to the grave by the medical officer of the Asylum, was very ridiculous.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: WEDNESDAY, SEPT. 15, 1869.

WHEN the amount of malevolence and oppression which, in certain quarters, have been invoked against this *Gazette* are taken into consideration, it is no ordinary gratification and encouragement to feel that we have merited and obtained the approbation of so competent an authority on professional matters as the *Medical Times and Gazette*; from a recent number of which we make no apology for extracting, *in globo*, the following article, referring, in terms of high commendation, to the strictures which we considered it our duty to make in our issue of the 15th of April last, upon the conduct of the coroner for the district of Bourke, at the inquest in the case of the late Margaret Bardon. It is exceedingly satisfactory to find that, so far from having exaggerated or overstated the course of action pursued on that occasion by the district coroner, that our condemnation of the proceedings of Mr. Curtis Candler is mild in comparison with the language employed by our London contemporary, which characterises his conduct as "scandalously offensive to the medical gentlemen of his district," and such as "would not be tolerated in England."

We sincerely regret having so frequently felt it our duty to call the attention of the public and the profession to the illegal and unjustifiable proceedings of the metropolitan coroners; were, however, any apology required of us for so doing, ample justification

would be found in the course of action pursued by these gentlemen for many years past. It is very questionable whether this journal would ever have been called into existence, were it not for the monstrously outrageous and hostile conduct of these gentlemen towards the great body of the profession. We hope we will not again have to call attention to the partiality shown by the Bourke coroner to a certain Melbourne practitioner, who may be frequently seen accompanying him to the remotest parts of his district—a practice which is not merely illegal, but injurious and insulting to the local medical men, and one which entails much unnecessary and uncalled for expenditure of public moneys. Only quite recently the profession was edified by seeing a Melbourne practitioner called in to make an autopsy over the head of Dr. Ralph, of Kew, a gentleman whose reputation for scientific attainments is well known. With regard to the City Coroner, we need only refer to a few of the inquiries lately conducted by him, at one of which a verdict of manslaughter was returned against Dr. Matt, when the Law Officers of the Crown refused to prosecute. In the case of Nurse Grant, recently charged with causing the death of the child Wallright, the Crown was unable to prosecute until the accused was brought before the police court; and a somewhat similar case, we understand, is pending at the present time. In conclusion, we venture to hope that the present will be the last occasion for a lengthened period we shall have to refer to the conduct of these gentlemen, and that when we shall have next to do so it will be for the purpose of commendation instead of censure. They may, however, be fully assured that, whenever the occasion arises, we shall not be wanting in our duty.

CORONERS AND THEIR DUTIES.

A CASE has occurred at Richmond, Australia, and reported fully in the *Australian Medical Gazette*, which is of great importance with respect to the powers and conduct of coroners. A woman had died in childbed in consequence of rupture of the uterus. A midwife had been in attendance for some hours, and had repeatedly stated that all was going on well. When the husband insisted upon going for a doctor, the midwife decamped. Dr. Stillman, who came, made an examination, and discovered that the uterus was ruptured, and the child high up. On a consultation with Dr. Wilson, it was determined to deliver by turning.

This was effected by Dr. Wilson, who "passed his hand, he believed, through the rupture gradually up towards the feet of the child, brought it down gradually, and delivered it." Under the circumstances of the case, Mr. Stillman and Dr. Wilson declined to give a certificate of the cause of death without a *post mortem* examination. The coroner decided that the *post mortem* should be made by some other medical men than those engaged in the case, and requested Mr. Stillman and Dr. Wilson "to nominate three or four medical men in Melbourne, the employment of any one of whom in this matter would not be distasteful to either of them." This suggestion was declined, and Drs. Reeves and Stewart, of Richmond, made a *post mortem* examination without the authority of the coroner, and found that "death was caused by rupture of the uterus." Dr. Wilson and Mr. Stillman hereupon gave a certificate to this effect; but the coroner was not satisfied, and ordered a second *post mortem* to be made by Mr. Beaney, of Melbourne. This fully corroborated the examination first made. We now come to the extraordinary charge of the coroner, who at some length charged the jury and reviewed the facts of the case and the evidence before the jury.

"In reference to the first *post mortem* examination, he thought it had been undertaken through a misunderstanding on the part of Messrs. Wilson and Stillman regarding his reasons for proposing other medical men to make it. He made it a practice never to allow the medical men who were in attendance on a deceased person before death to take part in any subsequent *post mortem* examination of the body. This was done for obvious reasons, and he thought the rule would commend itself to 'all men of delicacy and proper feeling.' The precedent which Messrs. Wilson and Stillman would wish to set up would be a most dangerous one, and he should be sorry to see the principle it contained adopted.

"The jury deliberated for about an hour, and returned the following verdict:—'We find that on April 3, 1869, at Richmond, Margaret Bardon died through rupture of the womb. We find that Anne Patten was guilty of culpable neglect in not sending for medical aid when first requested to do so by the deceased.'

"The Coroner: Am I to understand that her negligence is short of manslaughter?

"The Foreman: Yes; short of manslaughter.

"The Coroner, addressing Anne Patten, said: The jury do not intend, by the terms 'culpable neglect,' to mean manslaughter, and therefore you will not be committed to take your trial."

Is it possible that the coroner is a medical practitioner? The *Australian Medical Gazette* says:—

"We are unaware whether the district coroner

is the Mr. Curtis Candler who, in the old palmy days of official favouritism, assumed the style and title of Dr. Candler, but the absence of whose name from the new Medical Register we remark."

Whatever be the profession of the coroner, his summing-up is *scandalously offensive to the medical gentlemen of his district*. It is, moreover, directly in contravention of the law as it prevails in England, in which the Medical Witnesses Act directs, in ordinary cases, that the *post mortem* should be made by the practitioner who saw or attended the deceased before death.* Mr. Candler sets at defiance the common rules of politeness when he sneers "by implication" at the medical gentlemen of Richmond—where there are several—when he summons a surgeon from Melbourne to perform a duty which every qualified practitioner is presumed to be capable of carrying out. *In England, such conduct as that of Mr. Candler would not be tolerated*. When the Medical Witnesses Act first became law, some coroners, acting under a discretionary clause, ordered *post mortem* examinations to be made by some *personal friend*, or the parish surgeon; but this practice raised such a storm of opposition and indignation that it is almost altogether dispensed with at the present day. In the few instances in which it is now carried out, it is regarded as exceptional and improper, reflecting credit neither on the coroner nor his selected medical witness. The case at Richmond has attracted much public attention, and we hope that it may lead to the practice of the Coroner's Court being assimilated to that of England. We hail with much satisfaction the appearance of our young contemporary, the *Australian Medical Gazette*, which has treated the subject of the inquest in all its bearings with consummate ability and unflinching courage.—*Medical Times and Gazette*, July 3, 1869.

* We are informed that the law in Victoria regulating the making of *post mortem* examinations, in the case of coroner's inquests, is similar to the law of England on the same subject.—Ed. A. M. G.

Medical Annotations.

THE ADMINISTRATION OF FOOD AND MEDICINE BY THE NOSE WHEN THEY CANNOT BE GIVEN BY THE MOUTH.

By D. ANDERSON MOXEY, M.D., M.R.C.P.

(Concluded from page 182.)

BEFORE leaving this class of cases, let me particularly insist on the great advantage, nay more, the necessity, of having a number of attendants sufficient to ensure *absolute* control over every movement of the patient. By this precaution, not a mark will be left on his person—not even the

smallest abrasion of the nasal mucous membrane. And let me, also, remind the administrator always to have the potion warmed.

My next experience, in chronological sequence, was in the administration of emetics by the nose in cases of extreme intoxication. From 1859 to 1862 I served as assistant-surgeon, R.N., in two line-of-battle ships, the conjoined complement of which was 2000 men; and during that period I had many opportunities of putting this treatment in practice. It was no uncommon thing to be summoned to see a seaman or marine who had been brought off from shore "dead drunk"—who could neither see, hear, nor feel, and who ran a great risk of losing his life unless his stomach could be speedily relieved of the raw spirit it contained. In such a case it was simply impossible to rouse the man sufficiently to drink anything, and the use of the stomach-pump would have been attended with great inconvenience and difficulty, and not a little risk; while the want of resistance on the part of the patient rendered the administration through the nose of an emetic draught—say of sulphate of zinc—all the easier. I never found a case so far gone that the reflex act of deglutition did not follow the passage of the liquid through the nostril into the pharynx.

I have also employed nasal feeding successfully in ulcerated sore throat, tonsillitis going on to suppuration, glossitis, and recently in the case of an infant who was sinking from inability to swallow. The last-mentioned instance is worthy of further notice, as indicating a class of cases in which this treatment may be most advantageously employed; for medical men are often called to see infants who refuse the breast, who cannot swallow anything by spoon or feeding-bottle, and in whom an enema is not retained. The case I refer to presented exactly these features; and seeing that if neither food nor medicine could be administered, my little patient (only six days old) would soon sink, more particularly as the powers of life were at the lowest ebb, as animal heat could with difficulty be kept up, and as he had swallowed nothing for twenty-four hours, I at once determined to try feeding through the nostril—previously injecting a nutrient enema, which, however, was not retained a moment, there being almost complete relaxation of the sphincter ani. The infant lay in an unconscious state, with dilated pupils and difficult breathing, and had shortly before passed a whitish lump of offensive fæces. Its water was passing in considerable quantity. The abdomen was hard, and distended with flatus, and the cause of the symptoms seemed referable to hepatic and intestinal derangement. I made use of the male urethral glass syringe; and with this I injected through the left nostril half a wineglassful of its mother's milk mixed with a small quantity of

Liebig's extractum carnis, and five minims of brandy. The child readily swallowed each syringeful, the stomach rejecting a little of the first only. I found it necessary to inject very slowly, letting the liquid trickle from the syringe just within the orifice of the nostril, and then find its own way through it, while the infant lay on its back on the nurse's knee, with its head slightly depressed. In this way I administered half a wine-glassful of nourishment every hour or two hours, till, at the end of twenty-four hours, he had greatly revived. In the meantime, I had given him through the same channel a drachm of castor oil, which brought away a considerable quantity of hard, offensive fæces, and his next allowance of maternal milk he managed to suck out of one of Maw's feeding bottles. From this time he continued to improve, and in twelve hours later, or thirty-six from the time I saw him, he could take his mother's breast.

The ease of administration in this instance, and the absence of all apparent irritation of the Schneiderian membrane, even after the powers of life were reviving, and in spite of the admixture of brandy, have determined me to adopt a similar practice in every similar case. I made the nurse on several occasions inject the food; and, after seeing me do it several times, she managed it quite as well as I could.

One point in connection with this case I may just note before leaving it, and it is this, that when a tendency to sickness was present, by injecting a few drops at the moment the antiperistaltic action was coming on, it seemed to be arrested in its progress, and a few similar doses appeared ultimately to allay the sickness altogether. The induction of the peristaltic seemed to overcome the antiperistaltic action.

In one case of apoplexy, I tried nasal feeding, and, although no benefit resulted, yet I was enabled to satisfy myself of this fact, that a liquid allowed to run through the nostrils into the pharynx finds its way into the stomach without the act of swallowing necessarily taking place, but apparently by sole virtue of its own specific gravity. None of the liquid was found in the bronchial tubes after death, but about two ounces of it, all I had ventured to administer, were found in the stomach, although the reflex act of deglutition had never taken place.—*Lancet*.

ON THE ACTION OF THE COBRA POISON.

By J. FAYRER, M.D., F.R.S.E.; C.S.I., Surgeon, Bengal Army; Professor of Surgery in the Medical College of Bengal.

THE following extracts are taken from a most valuable series of experiments made in June, July,

and August, 1868, in the presence of Dr. Stolitzca, Mr. Sceva, of the Indian Museum; Mr. V. Ball, Curator of the Indian Museum; and Dr. J. Ewart, Professor of Physiology:—

The great difference that exists between the fangs of the venomous colubrine and viperine snakes has not, I think, been sufficiently dwelt on by any author with whom I am acquainted.

It is not only in the greater length and size of the fang, but also in the anatomical arrangement, by which it can be erected or depressed at pleasure, that the vipers are distinguished from the colubrine snakes, which have shorter and fixed fangs.* The structure of the fang itself is also characteristic. The cobra's poison-tooth, for example, is like a leaf folded in closely, whilst the fang of the daboia and other of the viperidæ is a long perforated tube, and the fang of the hydrophidæ is an open groove.

Experiment No. 4.—A pariah dog, full grown, was bitten in the thigh at 4.27 p.m. of 11th July, by a nearly full-grown active daboia. The dog whimpered when the snake's fangs penetrated. He was released, having been held while the snake bit him, and almost immediately, i.e., at 4.28, fell over with a convulsive movement; became paralysed for the moment, and howled violently; as he lay on the ground the bladder was emptied. 4.29.—In a state of violent tetanic spasm. 4.31.—Lies motionless; eyes bright; muscular system generally twitching. 4.35.—Lies apparently paralysed, but looks about him. 4.37.—Attempted to get up; staggered a few steps, and lay down again. 4.42.—Cannot walk; lies paralysed; shows no sign of pain. 4.50.—Much in the same state. 5.35.—Lies paralysed, but breathing goes on. Died a few minutes later. Thorax opened; lungs collapsed, not congested; heart natural; auricles and ventricles contained fluid blood.

It is noteworthy that this dog, after the first violent outcry when he fell over, one minute after being bitten, appeared to suffer no further pain; indeed, it seemed unconscious of anything. There was no convulsion. General paralysis, the sphincters included. Gradual sinking from exhaustion. The heart's action continued to the last, and even after apparent death the rythmical movements were observed.

The dog was bitten at 4.27 p.m., and died at about 5.40; nearly one hour and a quarter.

The lungs were not in the least congested; there were no clots in any of the cardiac cavities. Blood taken from the right auricle was dark and fluid, but speedily reddened on exposure to the air. Examined later, the power of coagulation appeared to have been perfectly destroyed. I took

* The fangs in all snakes are themselves fixed and ankylosed in the maxillary bone. In the viperine snakes this bone moves freely, and with it the poison fangs.

some way for microscopical examination, and it remained perfectly fluid.

I examined the blood most carefully and repeatedly under the microscope with 1-8th object glass and No. 8 eye piece, Natchet, and I found the appearances differ very little, if at all, from those of ordinary blood. The only thing suggestive of any change in the corpuscles was, that, in one or two specimens examined, there were more granular corpuscles than may be considered as the natural relative proportion to the red corpuscles; but, after the most careful examination, I was unable to detect any other change in their form or appearance. *There was nothing resembling the appearances described by Professor Halford.* It was observed, however, that there was no tendency in the corpuscles to aggregate in rouleaux; the attractive power seemed to be annihilated. The blood appeared, indeed, to be dead—to be in a state of necræmia.

The microscopical appearances seem to show a larger number of granular corpuscles than is usual in proportion to the red; but this may have been a peculiarity of the dog, which was not a very healthy-looking or vigorous animal.

Experiment No. 9.—A large powerful dog was bitten in the hind-leg by a daboia Russelli. The effect of the poison in causing profuse mucous discharge from the stomach, and blood and mucus from the bowels, is worthy of notice. I examined the blood after death, and found the corpuscles shrivelled and collapsed, but not otherwise changed.

Experiment No. 10, 20th July, 1868.—A young but very active and vigorous pig was bitten, at 12.27, very slightly in the right thigh, by a fresh cobra, but it was doubtful at the time whether the fangs had penetrated. The pig made his escape, and was caught and brought back in a few minutes, apparently unaffected. At 12.35 he was bitten again by a small but vigorous cobra of the spectacled variety, called by the natives "gomuna" or "gokurrah." This time the animal was really bitten in two places in the thigh. 12.36.—Struggled violently, and lay down; then got up, and struggled violently to get loose from the cord by which he was secured. 12.38.—Lies down and rises again; hurried breathing; is very restless; tries to run about; begins to stagger, and falls; at 12.40 is unable to rise. 12.42.—Is convulsed. 12.43.—Lies paralysed, breathing deeply; muscular twitchings. 12.48.—Dead.

The pig was bitten at 12.35, and died at 12.48, that is, in thirteen minutes. This disposes of the question of the immunity of pigs from the poisonous effects of the venom of the cobra.

Experiment No. 1, 6th August.—At 12.13 p.m. a cobra was bitten in two places, about six inches from the head, where the scales had been previ-

ously scraped off, and in the mouth, by a very large and powerful light-coloured spectacled cobra, 5 feet 6 inches in length. The bitten snake was then put into a separate box with a wire-gauze front for observation. There could be no doubt in this case that the bites were severe, and that the poison was inoculated. At 2.30, when I left, the snake seemed to be unaffected. At 9 p.m. Mr. Sceva reports that the bitten cobra does not seem to be much affected. 2.30 p.m., 8th August, about fifty hours afterwards, this snake is apparently unaffected.

Experiment No. 3.—At 12.27 p.m., 6th August, an innocuous snake (dendrophis), long and delicate, beautifully marked with red spots along the spine, was bitten by the same cobra about the middle of the body. 12.30.—Appears slightly affected, and is sluggish. It does not try to make its escape so vigorously as it did. 12.53.—Sluggish, but apparently very slightly affected. The cobra is apparently partially exhausted, as it had been made to bite two other snakes in two places, and in this forced biting much of the poison is lost. 12.54.—Bitten again near the same spot by a fresh and large black cobra. It soon became very sluggish, but made no convulsive movements. It simply seemed to become paralysed, and was dead at 1.8 p.m. Death occurred in fourteen minutes after the second bite, in forty-one minutes after the first bite. The effect of the poison on the harmless snakes seems from this experiment to be comparatively feeble and slow. The bitten snake was small and delicate, the cobra was fresh and very powerful, and at least five and a half feet long.

Experiment No. 7.—A full-grown male cat was bitten in the thigh at 1.20 p.m. by a daboia Russelli, about two-thirds grown, and apparently quite fresh and vigorous. Ten drops of a solution of strychnia, of the strength of gr. i. to 3i.—that is, one-sixth of a grain—were injected at 1.23 p.m.

1.24.—The bitten leg is partially paralysed. The cat lies quietly looking about it. 1.25.—Spasmodic twitchings began. 1.26.—Stretched out in a violent tetanic spasm; pupils very widely dilated. 1.27.—Spasm relaxed. Dead. In this case the strychnia seemed rather to accelerate death than to improve the animal's condition. The action of the snake-poison had clearly commenced, but it was at once obscured by the symptoms of poisoning by strychnia, and the cat died in a state of complete tetanus. *The strychnia was suggested as an antidote to snake poison.* These experiments do not support this theory.

Experiment No. 18.—A large pale-coloured cobra had ten drops, equal to 1-6th of a grain, of a solution of strychnia injected into the anterior part of its body, near the head, at 1.50 p.m. At 1.52 tetanic twitchings commenced. At 1.53 it

became rigidly fixed in undulating curves, with a general lateral curve of its entire length. The hood completely shrivelled up, and the head twisted to one side. In this spastic condition the snake was as rigid as a bar of wood. In seven and a half minutes after the strychnia had been injected, the cobra was quite dead; muscular twitchings had passed away just before death; rigidity remained for a short time after it.

The snake, notwithstanding its cold blood, is very susceptible to the poisonous effects of strychnia. The object of the experiment was not only to test the action of strychnia on the snake, but also to show that the method of injecting the poison was an effective one, and that as the snake poison was injected in precisely the same way, failure in its action could not be attributed to the mode of administration.

Experiment No. 20.—Ten drops of carbolic acid were injected, at 2.9 p.m., by means of the hypodermic syringe, into a cobra, at about eight or ten inches from the head. In half a minute it was affected with muscular twitchings and tremor; the anterior twelve inches of the snake affected with paralysis agitans. Vermicular movements throughout the body. 2.12.—Universal paralysis. 2.14.—Dead.

The snake is evidently very susceptible to this poison, as it also is to the strychnia. No warm-blooded animal could be more so. This, I think, seems to show that, apart from any immunity peculiar to the reptilian circulation, it has a special toleration of the poison of its own species; for it certainly is not easily, if at all, affected by it, as the majority of the experiments hitherto performed tend to show that neither by inoculation of the poison by the syringe, nor by biting, is any deadly effect produced.—*Edinburgh Medical Journal*, May, 1869.

INQUEST.—On the 26th ult., the district coroner held an inquiry at Pentridge Stockade into the cause of death of a female prisoner named Taylor, who died in that establishment while under medical treatment two days previously. On making a *post mortem* examination, the resident medical officer, Dr. Reed, discovered a large clot of blood—not recent—distending one of the lateral ventricles of the brain. No symptoms of apoplexy or cerebral pressure were observed in this case; the deceased had been subjected to violence previous to her incarceration in goal. Our readers will perhaps remember that, at the inquest upon the body of Margaret Bardon at Richmond, in April last, Mr. Candler, when lecturing upon the principles of “delicacy and proper feeling,” stated that “he made it a practice never to allow the medical men who were in attendance on a deceased person before death, to take part in any subsequent *post*

mortem examination of the body.” The illegality and insulting impertinence implied in such a dictum, were freely commented on at the time. We also ventured to question the accuracy of this statement; that we were justified in so doing is very evident, from the proceedings of several inquests since held by Mr. Curtis Candler, more especially in the present instance.

“I WOULD not be a pauper if I could help it.” Such were some of the last words of a poor half-caste man, named William Deane, a native of Maine, United States, who died recently in the Deniliquin Hospital. How superior was this half-caste African to the scores of mean, well-to-do white people, whose grovelling meanness prompts them to take advantage of every charitable and semi-charitable institution in the colony. We need only refer to the every-day occurrence of persons in affluent circumstances who join benefit clubs for the purpose of obtaining what can only be properly designated as gratuitous medical attendance, as well as to the innumerable instances of people in good circumstances who continually impose upon the various medical charities. Only a week or two back, a man admitted at one of the suburban police courts that, although he was in the receipt of £4 7s. per week, and owned the house in which he resided, his wife was a pauper patient at the Lying-in Hospital.

THE COLLINGWOOD STOCKADE LUNATIC ASYLUM.—Some surprise has been expressed that, since the decease of the late Dr. Jackson, no resident medical officer has been appointed to the charge of an establishment which contains 160 lunatic inmates. Since that event, we believe that the Collingwood Asylum has been visited for such a short period each day as the medical officers attached to the Yarra Bend Asylum can spare from their more pressing duties at that establishment. Should any casualty or emergency occur between the daily visits, the assistance of some private practitioner is obtained. We have no hesitation in stating that this is a very unsatisfactory and inefficient mode of providing medical attendance for the unfortunate inmates, who are sufficiently numerous to require the constant and unremitting attention of one medical man. The system is, besides, little calculated to promote their recovery. In our opinion, any provision for the mere daily visitation of such an institution is manifestly insufficient; the requirements of an hospital of this kind can only be adequately provided for by having a medical officer residing on the premises.

Births.

HUTCHISON.—On the 27th August, at Castlemaine, the wife of Dr. Hutchison, of a daughter.

YOUL.—On the 1st inst., at 111 Collins-street east, the wife of Richard Youl, Esq., of a son.

Original Articles.

EXTRACTS FROM DR. MILROY'S HISTORICAL SKETCH OF QUARANTINE LEGISLATION AND PRACTICE IN GREAT BRITAIN.

By ROBERT BOWIE, M.R.C.S.

(Continued from page 185.)

ILLUSTRATIONS OF QUERIES VIII., IX., X.

VIII.—State the number of persons received into the lazaret, during the last three or four years at least.

IX.—How many diseases occurred among the persons received? If any, what diseases? How many cures, and when?

X.—What number of deaths, if any, have occurred in the lazaret, among the persons received into it, or among the officials of the quarantine establishment, during the last three or four years; or, if possible, for a much longer period—say twenty or thirty years,—from what disease; and when?

It is only by the possession of such details as these sought for, that the utility of lazarets, as a defence against the introduction and spreading of diseases by persons or goods, can be ascertained.

Lisbon.—From the beginning of 1856, to the end of April, 1859, the number sent into different lazarets was 4,420, independently of many hundreds in quarantine on board their respective vessels. In each of the years 1857, 58, 59, the number sent into the lazaret was considerably more than double that in 1855; In 1857 it was nearly three times as great. The average detention appears to have been about ten days.

Dr. Lyons states that the inspector of the lazaret, who has resided there for forty-two years, affirmed in the most positive manner "that there had never been a single person of those undergoing quarantine who had been attacked with an epidemic disease;" a statement confirmed by the inquiries of Dr. Daniel Kirk.

Madeira.—During the five years before 1858, the year the lazaret was closed, the number sent to it was 1899. Only four instances of cholera occurred during that period, all which appear to have recovered; for the only death among all the persons detained, was from consumption.

Vigo.—The number under quarantine at the lazaret establishment, reckoning crews as well as passengers, during the last three years was 20,157, viz.:—11,184 of the former, and 9,023 of the latter. The average detention appears to have been about ten days. In 1857, the number of deaths amongst crews and passengers detained in quarantine was 21; of which, seven were from yellow fever; the other fatal cases were of a

chronic nature—chiefly dysentery and phthisis. In 1858, there were three deaths from yellow fever, and 89 deaths from chronic diseases in the lazaret. In 1859, all the deaths, twelve in number, were from chronic diseases.

Genoa.—In 1858, the total number sent into the lazaret was under 40. Ordinarily, all those who have to perform quarantine remain on board their vessels. No deaths have occurred in the lazaret during the last six years.

Piræus.—In 1858, the number admitted into the lazaret was 2000; this has been the average for some years. Not a single case of sickness occurred among these persons. With the exception of eight deaths from smallpox, out of 36 cases landed from the French frigate *Pomone*, in 1856, no deaths have been known for several years in this establishment.

Constantinople.—In 1858, no admissions into the lazaret. No register kept.

Rhodes.—During the years from 1854 to 1858, the number admitted into the lazaret was 1755; the detention varied from five to fifteen days. Not a single instance of sickness occurred, and the only deaths were from dysentery and consumption in four pilgrims from Mecca.

Alexandria.—The number sent to the lazaret in 1856, was 1815; in 1857, there were none; in 1858, the number was 571. Among the 1815 admissions, in 1856, 24 were *fatigues de voyage*; 26, from abdominal complaints; 2 from Asiatic cholera, and 8 or 4 from common fever. Of 24 deaths among the invalids, 7 were from exhaustion; 14, from marasmus; 2, from cholera; and 1 from peritonitis. Of two deaths that occurred in the lazarets in 1858, one was from typhus, the other was at first said to be *soupçon de peste*, but it was afterwards said to be from *delirium tremens* with fever. No instance of the spreading of any disease was observed during these three years.

Corfu.—During the last five years, 1885 passengers have performed quarantine in the lazaret. The only cases of sickness mentioned are two of yellow fever, which occurred in passengers from Malta, in 1845; and three of cholera in September, 1850, in persons arrived from Cephalonia, where the disease then prevailed. During the 16 years, from 1844 to 1860, 14 deaths have occurred in the lazaret, viz.:—11 from fever, 1 from yellow fever, 1 from smallpox, and 1 from cholera. No instance of disease spreading from persons or goods undergoing quarantine had been known of late years.

Malta.—During the three years ending April 1856, there were 1515 admissions into the lazaret. No cases of sickness originated among them. Five deaths occurred among the persons admitted, viz.:—four from fever and one from cholera. The particulars are not stated; nor is there any instance of the diseases alluded to spreading.

MARSEILLES.—During the last five years, there were 1862 admissions into the lazaret, viz. :—

| | | |
|-----|----|------|
| 4 | in | 1855 |
| 711 | " | 1856 |
| 5 | " | 1857 |
| 458 | " | 1858 |
| 184 | " | 1859 |

Of the number in 1856, no fewer than 414 were cases of typhus fever, of which 96 proved fatal. Twelve other deaths took place in the lazaret from various diseases. In 1858, 15 cases of smallpox were admitted, eight of them proved fatal. No specific mention is made of any cases of cholera having occurred of late years within the lazaret; or of any case of yellow fever since 1821.

CASE OF POISONING BY STRYCHNIA— TREATMENT BY BELLADONNA—RECOVERY.

By J. T. ROBINSON, M.D., L.R.C.S.I.

ON the 22nd April last, between twelve and one a.m., I was called to visit M. L., a domestic servant, aged nineteen years, of strong, healthy constitution. I found her lying on her side, face flushed, eyes injected. There was a wild, restless look about her. She begged "that no one would touch her, as it would pain her all over." Had pains in the head, back, and limbs; pulse quick, breathing hurried; was perfectly conscious; stated she had not eaten or drank anything more than usual. Looking upon her case as being of a hysterical character, I prescribed an antispasmodic, and left.

At three a.m., I was again sent for, the messenger saying she was screaming violently, and had to be held down in bed. On my arrival, I found her suffering from tetanic convulsions; the skin of a pink colour, eyes protuberant, pupils dilated; frequent jerkings of the body, legs extended and rigid, being unable to move them; right arm, from elbow down, immovable, the left free; tongue protruded partially and quickly; swallowed with difficulty; pulse small, and quick; respiration hurried. Said she had taken some strychnine, as much as would be contained in a couple of pinches. I afterwards concluded, from the bulk she pointed out to me, that she had taken about two grains. She had placed it dry on her tongue, washing it down with water.

I gave her a sulphate of zinc emetic—which produced copious vomiting—and at the same time an injection of thirty drops of tinct. belladonna in a little water; and, in half an hour, a draught containing the same quantity. Cold applications were applied to the head—the pain of which, she said, was very severe.

At five a.m., pains generally less, but the jerking very frequent.

Six a.m.—Pulse 100, respiration 26; complains of dead heavy weight in head, pains in back very severe. Any attempt at movement aggravates the severity of pains generally. Tr. bellad. m xxv. in a draught.

Seven a.m.—Breathing difficult; ordered cold applications to chest. Ol. Tiglii m. ij, Hyd. Chlor. gr. v, misce, ft. pilula una, to be taken immediately.

Eight a.m.—Expresses herself better. Pains and jerking less violent. Can swallow better. Belladonna draught, twenty drops.

Ten a.m.—Symptoms improving. Pupils greatly dilated.

Twelve, noon.—Has been asleep for past hour. Left a belladonna draught, m. xxv, to be taken at three p.m.

At six p.m., on entering her room, was surprised to find her up and dressed, her sister being desirous to get her to her own home. She looked cheerful, was able to trail herself across the room.

Ten p.m.—Improvement continues. Considerable restlessness. Can move the legs by drawing them up, but cannot raise them.

23rd.—Eight a.m.—Head painful. Sleep disturbed. Awoke several times with the jerks. Pains still in limbs, but greatly mitigated. Can move them much better. Repeat belladonna draught, m. xxx.

24th.—Complains only of general soreness.

In a few days was out walking quite well.

In this case, the employment of belladonna has been attended by the most satisfactory results. From three to eight a.m., she got 105 drops of the tincture. As regards its mode of action, the experiments and lectures of Dr. Brown Sequard are, in my mind, most convincing. He states that "Belladonna, from its power of diminishing the amount of blood in the spinal canal, produces a relative diminution of the vital properties of the spinal cord and its nerves." In this way I believe it becomes antagonistic to strychnine, the effects of which on the vertebral canal, &c., are directly opposite.

Cluses, August, 1869.

ON THE INJURIOUS CONSEQUENCES OF REMOVING INVALIDS.

By ROBERT BOWIE, M.R.C.S.

CHOLERA.

HAVING in my former communication furnished you with proofs of the advantages derived from rest and quietude in the treatment of fever, I would now offer you a few instances wherein they appeared to be of great benefit in the treatment of cholera.

The first well authenticated case of this disease, which occurred in London, appeared to be that of a seaman, the mate of a brig from Ireland, lying

in the Thames. The patient died after a few hours illness. In a few days the disease spread from that quarter, and soon made its appearance on both sides of the river. It was very fatal, and excited great alarm.

The following quotations from the First Report of the Metropolitan Sanitary Commission express the opinion of the members of the General Board of Health:—

"The measure of alleviation chiefly relied on, during its last visitation (that of 1832) was the establishment of district cholera hospitals; but the experience of the results of these establishments is by no means favourable to their re-adoption, except under particular circumstances and modifications. The prostration of all the vital powers which characterises a severe attack of cholera is often so extraordinary, that the mere assumption of the erect posture for a few minutes appeared to deprive the patient of the slightest hope of recovery. The medical testimony is uniform in representing the fatigue of removal as highly injurious in great numbers of instances. It is often strikingly so in the advanced stages even of typhus. It not unfrequently happens that when a patient is removed to a fever hospital in an advanced stage of this disease, on opening the door of the carriage in which he has been conveyed, he is found dead; and still more frequently it occurs that when he has not actually expired before he reaches the ward, and is placed in bed, he is cold, pulseless, and insensible, and never rallies, notwithstanding all that can be done to restore animation. In typhus, this extreme debility does not take place for many days; often not until the end of the second or third week; but in a severe attack of cholera it occurs in two or three hours, and is sometimes present in its highest degree, before there is time for the medical attendant to reach the bedside of the patient. This circumstance places the extensive employment of any remedy which involves even slight motion, out of the question. The medical witnesses who have had the greatest experience on this subject give the following statements as the results of their observations:—

Mr. Bowie is asked—

"What were the public means of alleviation adopted?

"Removing the sick to cholera hospitals.

"What was the character of the hospitals that were provided?

"They consisted of dwelling-houses taken for the purpose of affording temporary accommodation; the one that came particularly under my notice was very badly ventilated, and situated in a bad locality—that is, close to the Hermitage.

"What is your impression as to the benefit derived from these temporary hospitals?

"That they did no good, but much evil. The cases that were treated, as far as I had an opportunity of observing, at their own homes, however wretched those homes might be, did far better. For example, in the particular hospital to which I have just alluded, of those sick, two only out of eleven recovered; whereas, out of twenty-four treated at their own houses, or on board of their vessels, only three died. The very fatigue of removal seemed to me to do much harm. I have known the mere circumstance of patients sitting upright in bed in their extremely feeble state reproduce the worst symptoms of the disease. Some of the Commissioners, in the practice of their profession, must have observed a similar result in advanced stages of common fever."

Mr. Hooper is asked—

"What were the means adopted as measures of alleviation, during the prevalence of cholera in your district?

"A local Board of Health was appointed, consisting of persons who had passed the office of churchwarden or overseer; the vestry clerk assisted them as clerk to the Board, and the two parish surgeons, Mr. Evans and myself, undertook the medical duties. This Board engaged an isolated house, situated opposite Bethlehem, completely surrounded by a wall. The Board fitted up the hospital with beds and other necessities, for the reception of cholera patients.

"From what you saw of the effect of this cholera hospital, what was your impression as to its influence on the disease?

"Little or no advantage was obtained in the cure of the disease, although every suggestion made by science at the time was put into operation there, and the poor had certainly many comforts and appliances which they could not obtain at their own homes. As I have already stated, the mortality was far greater in the hospital than in private dwellings."

Mr. Wagstaffe says—

"It is certain that the disease proved more fatal in those hospitals than in private houses, however poor."

Instances have been brought under our notice in which the treatment of the sick without removal, and under the superintendence of a competent nurse, was attended with the best effect, both on the patient himself and the people about him. Thus Mr. Bowie says—

"I saw one striking example of the advantage of non-removal. A captain of a large vessel, lying near the West India Docks, called upon me one morning. He stated that two or three of his seamen had been attacked with cholera, and sent to the hospital-ship at Limehouse, where they had died. That another of his men (to the best of my recollection, his mate) had been seized with

the disease, and that all the crew had threatened to leave the ship, if he died too. Under these circumstances, he said, he had been recommended to apply to me to advise him what to do. I at once told him I did not at all approve of cholera patients being subjected to the fatigue of removal. He then asked me if I would take charge of the sick man, which I agreed to do. Taking a man with me, on whom I could place dependence, I went on board. The case was a severe one, quite as much so, it was said, as any of the others who had been removed. My patient recovered; the alarm ceased; all the seamen who had left the ship returned on board, and not another case of cholera occurred in that vessel. So great was the panic at the time, that the attendant I left on board, told me "there had been no one in the ship but himself and the patient for several hours."

The adoption of the principle here indicated—that of sending competent persons to attend the sick, under medical direction, at their own abodes, would be attended with this further advantage, that all the means recommended for cleansing the interior of the house and for maintaining the atmosphere of the sick-room in the highest attainable state of purity, might be most efficiently carried out by the same agency.

This plan I carried out to a great extent, with the most decided advantage, during my missions to various parts of England, Wales, and Scotland, in the service of the General Board of Health.

In conclusion, I would remark, that whatever might have been the medical plans pursued for the cure of cholera, I feel confident that without rest and the horizontal posture, the treatment would not have been successful.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the "Australian Medical Gazette.")

ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF VERATRUM VIRIDE, WITH SOME OBSERVATIONS ON ITS ACTION IN ANEURYSM.

DR. OULMONT, at the meeting of the Paris Société de Therapeutique, read a paper on the action of veratrum viride on man and animals. In animals he found it produce, first violent vomiting, then the respiration became irregular, and sometimes very slow, and the circulation, which was in some of the animals at first very rapid, soon diminished, and in from fifteen to thirty minutes, the pulse fell from twenty to thirty beats; the temperature of the body also decreased, but more slowly, from two to five degrees, in from one to five hours. It produced great prostration of strength, and a small dose in this state was often sufficient to cause death. Twenty drops of the

tincture were sufficient to destroy a frog; eighty, a rabbit; and 150, a moderate sized dog.

He observed analogous effects in the human subject. He treated cases of acute rheumatism, acute inflammation of the lungs, pleurisy, and typhoid fever; and the effect of the medicine was 1st, vomiting and diarrhoea; 2nd, great depression of the pulse in from two to four hours; 3rd, decrease in the temperature of the body. The action of the medicine was fugacious. In two or three hours the pulse returned to the state it was in before the medicine was given. To produce a permanent effect, it had to be continued for at least two or three days. Its benefit was well marked in simple acute inflammation of the lungs, but in the same disease, complicated with other diseases, its action was less efficacious. In acute rheumatism its utility was less marked—some cases being benefitted more than others; but the power of moving the articulation was not improved. In pleurisy its usefulness was not particularly marked.

The translator wishes to draw the attention of the profession to its value in a very common and fatal disease in these colonies; namely, aneurysm, particularly when it is attended by the severe pain which is a certain indication that it is increasing in size. He has employed it in five cases with very marked benefit, either in combination with iodide of potash and solution of arsenic, or bichloride of mercury. In the case of a sailor belonging to one of the coasting steamers, a cure has been effected, and he is now able to follow his occupation. This is a result not to be expected when the aneurysm is large; but the careful administration of these drugs will prevent the formation of fresh layers of fibrin, and remove those recently formed, and by doing this, render the patient's life endurable, and, certainly, prolong it. Digitalis will act equally as well as the veratrum viride, when the pain is relieved by the latter, and is, perhaps, more manageable and requires less watching. It may be observed that veratrum viride is not a new remedy. It has been used by American practitioners to reduce the pulse in inflammation of the lungs for many years, and by their English brethren for eight or nine.

APPOINTMENTS.—The following gentlemen have been appointed Public Vaccinators. Dr. J. T. Heeley, for the districts of Seymour and Tallarook, *vice* Dr. Maxwell, resigned; Dr. J. S. Rodd, for the districts of Mornington and Dromana, *vice* Dr. Lane, resigned; Dr. Walter Scott, for the district of Cavendish, *vice* Dr. Molloy who has left the district. Thomas E. Lumley, Esq., has been appointed a Deputy Coroner of Victoria, acting at Bright.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

CROWNER'S QUEST LAW.

To the Editor of the Australian Medical Gazette.

SIR—A coroner, according to Samuel Johnson, is "an officer whose duty is to inquire, on the part of the king, how any violent death was occasioned," but in Crowners Youl and Candler's "Manual of the Duties of a Coroner," he is an officer *above the law*, in duty bound to see that his own *protégés* obtain the lion's share of the fees.

The Act to Consolidate the Laws relating to Medical Practitioners appears to be, in their opinion, a dead letter, and fit only for lawyers to quibble over. What is it to them that it says (sec. 15) that if, on the holding of any inquiry "touching the death of any person," it shall appear that the deceased person was not, at or immediately before his death, attended by any legally qualified practitioner, such coroner or justice may issue a summons for the attendance, as a witness at such inquest, of some legally qualified medical practitioner in actual practice, *who shall reside near to the place where such inquest is holden*; but, where the deceased person was attended by any such practitioner, the coroner shall issue a summons for his attendance only."

The strictures of the *London Medical Times and Gazette*, and in your pages, on Mr. Candler's conduct at the Richmond inquest, may rouse our legislators to consider the farcicality of the coroner being allowed to take a medical man—what a pity the act does not allow of the employment of the *tenderer* sex—about with him to make post mortem examinations, when only those who have attended the patients during life can explain the cause of death.

Some years ago, a man died suddenly. The coroner sent his *protégés* to make the *post mortem* examination, omitting the medical man who had seen the case during life. The *protégés* could not find any cause of death beyond *transposition of the intestines*! A *re-examination* of the brain showed that in the pons varolii there was a large clot of blood. The coroner's pupil had to admit that the transposition of the intestines had not destroyed the deceased, but apoplexy.

Dr. Taylor, of Guy's Hospital, and others, have made strenuous efforts to get rid of the present effete inquest system, but hitherto without effect. It is admitted to be no protection to those who are

wrongly charged with crime; and why should it be tolerated? If, in cases of sudden death, two medical men were ordered to make an examination of the bodies, the ends of justice would be more effectually met, and the colony saved a very great expense. In the "good times," if a medical coroner was not very busy, he made a foray into the hospital dead-house and held a few inquests, or into the gaol, and held one on a prisoner supposed to be dying; and no doubt but there may be yet found old prisoners who have recovered after inquests and, perhaps, *post mortem* examinations (on paper) had been held on their bodies. One enterprising coroner returning home one evening, like Tam O-Shanter, happy and glorious, found a man, "in the third degree of drink—drowned." To stop a few wayfarers, and return a verdict of "found dead in the bush," was soon done; but, sad to say, the supposed dead man rose up just as the verdict was returned, to the consternation of the coroner, and the amusement of the hastily-summoned jury, and, like a profane one, called on the coroner to shout. Whether the report of this inquest is still in the Registrar-General's archives I don't know, but the man on whom the inquiry was held may often be seen, equally as fit for an inquest, in the street gutters.

A SUBURBAN DOCTOR.

PROFESSOR HALFORD AND THE INJECTION OF AMMONIA INTO THE VEINS IN OPIUM POISONING.

To the Editor of the Australian Medical Gazette.

SIR,—No one can for a moment doubt that any other motive than that of philanthropy of the most sublime nature instigated the savant Professor to express a regret that ammonia was not injected into the veins of the person who died from swallowing a quarter of a pint of laudanum at Richmond last week. As a teacher of physiology, he should know better than anyone else that death, when a large dose of laudanum or solution of morphia has been swallowed, takes place from engorgement of the lungs; that the distension of the right side of the heart, with emptiness of the left, is but a secondary occurrence. The utility of injecting ammonia into the jugular vein, even supposing it could stimulate the right side of the heart, already so distended as to be incapable of acting, from the gorged state of the lungs, may be questioned. The Professor has plenty of time at his disposal, and if, instead of wasting ink, he devoted some of it to investigating the physiological effects of opium, and the action of the various remedies used to counteract them, he would raise the school of which he is the head in the opinion of the scientific world, and learn men not "on the eve of a great discovery" something they did not know. The Professor believes in the

injection of ammonia. Professor Holloway believes equally as strongly in his pills and ointment. The last-mentioned Professor, like the first, has published a book, and there are men, even in the profession, ready to believe as much in the one professor's statements of the value of his remedy as in the other's. This is what he says:—"Persons bitten by a poisonous snake should immediately cut out the bitten part, then chew and swallow one or two of the pills at once, and repeat the dose in two hours, and *rub themselves all over* with the ointment. Brandy, or any other spirit, and ammonia; in large doses, may be taken, *but only to assist the curative action of the pills and ointment.*" There is a long list of cures. Here is one from Thomas Smith, of Beechworth:—"Sir,—I was bitten by a black snake, six feet long. I cut out the bite, took your pills, and rubbed the ointment all over my body. A squatter made me swallow a bottle of brandy, against my wish, right off, and then half a bottle of whisky. I fell comfortably asleep from the pills and ointment, and awoke the next morning all right." I think, sir, as Professor Holloway's medicines have been proved to cure snake-bites, they should be used in opium poisoning; "that when known and tried remedies fail, untried ones should be used," no matter if it is a quack who recommends them; for it must be confessed that medicine owes as much to quackery as to science, and the users will have authority for their doings should they be committed for manslaughter.

Yours truly, A STUDENT.

PROCEEDINGS OF

The Medical Association of Victoria.

THE usual monthly meeting of the Association was held on the 10th instant, in the Board-room of the Melbourne Hospital. The President, Dr. Stewart, in the chair.

There was a full attendance of members.

The minutes of the previous meeting having been confirmed, Dr. Berncastle read an interesting paper on a case of extraction of double cataracts, followed by restoration of sight after thirty years total blindness.

Dr. Figg brought under the notice of the members several cases in which he had successfully removed the thyroid gland in bronchocele.

In the course of the discussion which followed, Dr. Reeves referred to the great risk of dangerous hæmorrhage consequent on the ordinary mode of removing this gland, and expressed his warm approval of Dr. Figg's plan of treatment.

Dr. Berncastle called attention to the infrequency of bronchocele or *goitre* in the Australian colonies.

Dr. Stewart was opposed to operative interference in this affection, the subjects of which he had generally found to be strumous. He expressed a very favourable opinion of the good effects of iodine and its compounds in this disease.

The Secretary read an interesting communication on a case of poisoning by strychnia, which had occurred at Clunes, in the practice of Dr. Robinson.

The thanks of the meeting were voted to the authors of the several papers.

The Secretary was instructed to convey the thanks of the Association to Dr. Von Müller for his presentation of Vol. VI. of the "*Fragmenta Phytographiæ Australiæ.*"

Dr. Iffla announced his intention of reading a paper on the *Tænia Solium*, at the next meeting of the Association, on the 8th October.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: THURSDAY, SEPT. 30, 1869.

THE recent special meeting of the Medical Society, convened for the purpose of taking into consideration the medical evidence given in favour of the proprietor of the Anthropological Museum, was anything but a creditable affair. We do not now allude in particular to the disreputable wrangling and squabbling which compelled the chairman, on more than one occasion, to threaten to dissolve the meeting unless some semblance of order was observed, but rather to the entire complexion of the proceedings, which appear to have gone upon false premises throughout.

The object of the meeting appeared to be twofold. In the first instance, to thank Mr. Syme for his courageous and successful exposure of a disgusting exhibition; and, in the second place, to censure Dr. Barker for having given evidence in favour of the Anthropological Museum. It is not quite clear whether this gentleman was censured for having merely appeared as a witness, or for having given evidence favourable to the proprietor of the Museum. Referring to his evidence at the police court, Dr. Barker stated, in explanation, that "The answers given were, I believe, *strictly true*, from the impression left on my mind from the very cursory and limited opportunity I had of examining the models. I only visited the place twice; once, the night before it was opened to the public; on which occasion, I met many

members of the profession holding high influential positions in Melbourne, and, probably, some comprising this meeting *now present*."

It appears very strange, that a member of the Medical Society should feel himself called upon to apologise for having stated what he believed to be the truth in a court of justice. If the meeting gave credence to Dr. Barker's statement, the condemnatory resolution was wholly uncalled for; and if it did not, its condonation of unprofessional conduct was servile and contemptible. More than one speaker at the meeting proceeded on the assumption that the Medical Society represents the entire profession in the colony. We should like to know on what grounds a body not comprising one-third of the professional gentlemen in Melbourne and its suburbs claims to represent the entire profession in the colony, numbering some 600 members, unless it be the principle which animated the sartorial gentlemen of Tooley-street celebrity. Some countenance is given to this view by one of the speakers having with much gravity informed the meeting that "The Society had its corporate honour to look to, and that the profession at home would look with great interest to the action taken that evening." The profession in England, we hope, has something of far more importance to occupy its attention than attending to contemptible squabbles at the antipodes.

There is good reason to believe that the "corporate honour" of the Society is a negative or an unknown quantity, the safe keeping of which will not greatly incommode its new champions.

It is a great pity that all the high-sounding language about "corporate honour," whatever that may mean, and "upholding the honour and dignity of the profession," had not been thought of twelve months earlier, as, in that case, the profession might have been spared the humiliation and disgust created by the proceedings at another special meeting of this same Society, held in August, 1868, when it endorsed, without hesitation or remorse, the wholesale charges of incompetence, partisanship, ignorance, and even worse, brought by a Government medical official, styling himself an "officer of the law," against the members of the profession, with the avowed purpose of obtaining an official appointment for the then president, to the degradation and humiliation of the entire profession. When it is remembered that the Anthropological Museum

has been in existence for some couple of years, and that its true character was well known to the promoters of the Barker testimonial, it is surprising that these gentlemen should have placed Dr. Barker in so painful and equivocal a position by receiving contributions for the testimonial from such a source. We consider that this course directly encouraged Dr. Barker to take the field in the cause of the friend who had so handsomely assisted and aided him in his own legal difficulty.

There can be no doubt that Dr. Barker has great reason to complain of the conduct of those gentlemen who laid him open to the imputation of being influenced by pecuniary motives in giving evidence at the police court. It is only natural to assume that Dr. Barker was encouraged in this course by the knowledge that Dr. Jordan had subscribed liberally, through the honorary treasurer, to his testimonial.

It is painful to reflect that a motion should have been so soon brought forward, to expel from the society a member who had only a few days previously been extolled to the highest by the same gentlemen. Such gross inconsistency is, in the last degree, humiliating, and calculated to impress the public in general with contempt for the chief actors therein. Either the excessive admiration in the first instance, or the subsequent censure, must have been undeserved. We observe that the journalistic patron of the Medical Society upbraids the latter with having "shirked the danger" and risk of attacking and exposing the Anthropological Museum, and with being very valorous after the overthrow of its proprietor. To us, it appears that there is no obligation on medical men, either individually or collectively, to prosecute or expose irregular or quack practitioners, and their exhibitions; this duty properly devolves upon the police and the governmental authorities. When professional men keep aloof from, and refuse to recognise quackery, they do all that can be reasonably expected of them. Were they to take any more active part, an outcry of selfishness and professional jealousy would be raised against them forthwith; and by none, perhaps, more loudly than by those who are now so ready to find fault.

If not too presumptuous, we would venture to ask, Is not some member of the press open to the imputation of having been judiciously silent, in regard to the Anthropological Museum? Is no blame attachable to the journal

which, up to the very morning of the late prosecution, was content to prostitute its columns to the puffing of what it is now pleased to denounce as "a scandalous exhibition" and its "attendant quackery?"

It required no small degree of assurance, in a journal which maintained such "discreet silence," to lecture the poor Medical Society on its shortcomings, which, at the worst, were only sins of omission. Such conduct resembles a homily on the beauty of honesty from the lips of one having stolen goods in his possession. There is no obligation on the members of the medical profession to expose, or exclude from practice, a mountebank or a quack, even although he appears in the guise of a "benefactor to his species."

Were there any just grounds for believing the unfounded and gratuitous assumption of some of its members, that the Medical Society represents the opinions, the feelings, or the interests of the entire profession in the colony, it would argue an uncommon degree of meanness and want of self-respect in the medical men of Victoria, seeing that the society, on a memorable occasion, showed itself ready to sacrifice both the honour and the interest of the profession on the shrine of private cupidity. The chief actor at the meeting—if indeed that can with any degree of propriety be called a meeting which had more resemblance to a bear garden than to an assembly of educated gentlemen—resolutely refused, with upraised arm, to permit any business to be proceeded with until his high and mighty honour had been appeased, not caring for "chair, chair," or even members *en masse*.

As for ourselves, we were not previously aware of the character and tendency of the Anthropological Museum; but it would appear from the proceedings at the meeting, that the nature and objects of the exhibition were well known to many members of the society. We believe Dr. Barker to be highly culpable for appearing as the champion of such an exhibition, but we hesitate not to state that the Medical Society is still more so in having, through its leading members, received Dr. Jordan's money towards the Barker testimonial.

THE MEDICAL REGISTER.—The names of George Addison and Robert Robertson have been added to the list of legally qualified medical practitioners.

Medical Annotations.

THE ALKALINE TREATMENT OF RHEUMATIC FEVER.

By DR. FULLER OF ST. GEORGE'S HOSPITAL.

NOTWITHSTANDING recent discussions, more or less sceptical as to the curative effects of treatment in rheumatic fever, we find Dr. Fuller repeating his assurances of the success of the alkaline method. He thinks other modes of treatment have either no effect, or, as in the case of the blistering treatment, are attended by great pain and some danger. He insists, however, that his plan should be properly carried out, and gives special directions for this purpose, which are chiefly as follows:—Alkaline treatment implies not merely the administration of salines and small doses of alkalies, but the exhibition of alkalies or the neutral salts in full and repeated doses—adequate to produce alkalinity of the urine, if possible, within twenty-four hours. "And, first, as to the alkali and neutral salts which should be selected, and the dose in which they should be given. Practically it matters little whether soda or potash be given, or whether the alkali be free or combined with any of the vegetable acids; but ammonia and its salts do not fulfil the indications for treatment so often referred to, and fail to exercise any influence over the course of the disease. Experimentally, I have given a solution of ʒij. of carbonate of ammonia every three hours, rendered effervescent by the addition of ʒss. of citric acid; and I have continued this treatment for eight consecutive days without any apparent result, beyond that of rendering the pulse rapid and weak, and ultimately causing the patient to vomit; the urine remained intensely acid, and usually loaded as at first; the perspiration quite as sour and profuse, and the rheumatic pains just as severe. But I have repeatedly tried the experiment of giving soda alone and potash alone; I have given the carbonates of each alkali alone, and the neutral salts of each alkali alone; and I have also given both the free and the neutral salts in every variety of combination.

"The only difference I have been able to discover between these various methods of medication is, that the stomach is usually more tolerant of the remedies in their neutral form than when they are uncombined, and that to some persons potash proves less nauseous than soda; but inasmuch as when the stomach is unduly acid a free alkali will accomplish what a neutral salt will not, and inasmuch also as soda forms an important element of the blood, and may be fairly presumed to induce certain changes which would be imperfectly effected by potash alone, my usual practice is to combine the two alkalies, giving a certain propor-

tion of both in the form of neutral salt, but adding a few grains of the carbonate of one or other of them in a free state.

"A favourite formula is the following, viz.—3ss. or ʒij. of the acetate of potash together with ʒjss. of carbonate of soda dissolved in ʒijj. or ʒjv. of water, rendered effervescent by the addition of ʒss. or ʒij. of citric acid, or ʒj. or ʒjss. of lemon juice. (If the bowels are torpid, I vary the form of this draught by prescribing ʒss. or ʒij. of potass. tartrate of soda, instead of the acetate of potash, and tartaric acid instead of the citric acid.)

"The result is the administration of acetate of potash and citrate of soda with about ʒss. of uncombined carbonate of soda. In most cases this draught is well borne by the stomach, and, if repeated every four hours, will render the urine alkaline within twenty-four hours; but in severe cases it may be necessary to give it every three hours, for if administered less frequently the urine will sometimes remain acid until after the lapse of thirty-six or even of forty-eight hours, and thus the heart will be exposed for so much longer to the risk of inflammation. In exceptional cases the amount of acid formed is such as to resist the effect of these doses of alkalies for three, or even four days, but experience has taught me that this happens only when the liver and bowels are sluggish; therefore, whenever I find the tongue furred and yellow, and the urine acid after the alkalies have been administered for forty-eight hours, it is my practice to administer three grains of calomel—guarded by opium if the bowels are loose—or in combination with colocynth if the alvine discharges are scanty and deficient; and in either case the urine commonly becomes alkaline directly a free secretion from the bowels has been set up.

"As soon as the urine has been rendered alkaline, whether at the end of the first, second, or third, day of treatment, the alkaline draught is repeated every six hours only; and if on the following day it still retains its alkalinity, the medicine is given twice only in the twenty-four hours. If that dose suffices to keep the water alkaline for two days more, quinine or bark is given in combination with half or less than half of the alkali contained in the former draught; and as the tongue clears and the symptoms subside, the quantity of the alkali is cautiously diminished until a simple quinine draught is taken. Meanwhile, when the tongue has cleared satisfactorily, a little fish or meat is allowed in addition to the beef-tea or broth to which the diet has been hitherto restricted."

The chief objects to be accomplished, and the errors to be avoided, are thus summarily stated and commented on:—

"The first object is to alkalinise the system as *speedily as possible*, with the view of obviating in-

flammation of the heart. This can usually be accomplished in twenty-four hours if alkalies are given in sufficient quantity; and inasmuch as alkalies do not cause depression, so long as the urine remains acid, they may be given to any amount which the stomach will tolerate until alkalinity of the urine has been produced. In order to prevent their rejection by the stomach, it is advisable to give them in a state of effervescence; and with a view to facilitate their absorption, it is expedient to dilute them largely with water.

"Secondly, as soon as the urine when freshly voided shows an alkaline reaction, the quantity of alkali should be reduced to the lowest limit which is consistent with the safety of the patient—to the point of just keeping the urine neutral or slightly alkaline—for alkalies administered in large doses and at short intervals when the urine is alkaline, are apt to prove extremely depressing; and from what I observed in two cases to which I was called in consultation in private practice, in which potash had been so administered for many days prior to my seeing the patients, I am inclined to think they may even prove fatal to life. Assuredly, if given beyond the necessities of the case, they retard rather than accelerate the patient's recovery.

"Thirdly, my aim being to carry the patient through his attack with the *least possible* loss of strength, and to restore the tone of the system as soon as circumstances will admit, I combine quinine or bark with the alkali as soon as it is found that two doses of the alkaline mixture in twenty-four hours suffice to keep the urine alkaline—a fact which proves that the force of the disease is broken. This point is usually reached about the fourth, fifth, or sixth day.

"Fourthly, it being most important to prevent the recurrence of malassimilation, and so to obviate a recrudescence of the disease, the diet should be restricted to broth or beef-tea until after the tongue has fairly cleaned. If the patient is weak, a little brandy and water may be taken, though practically I find that it is seldom needed, and feel sure that in most instances it retards recovery, and that the patient is better without it. But the desire for solid food returns long before the power to digest it; and there is nothing of which I am more convinced than that improper alimentation during the progress of the disease is the most common cause in private practice of its protracted duration; and that, whether in private or hospital practice, a piece of meat taken a day before the tongue has cleaned and the stomach is in a condition to digest it, not unfrequently proves the cause of a serious relapse. I have so often tried this experimentally in the wards, for your especial behoof, that there can be few of you who have not had the opportunity of satisfying your-

selves on this point from actual experience.—
Edinburgh Medical Journal.

THE SANITARY IMPROVEMENT OF TOWNS AND DWELLINGS.

By ZACHARIAH JOHNSON, A.M., T.C.D., F.R.C.S.,
Licentiate of the Royal College of Physicians, Dublin;
Surgeon, Kilkenny Co. Infirmary.

THE following extract is taken from an excellent paper in a late number of the *Medical Press and Circular*. After pointing out some important sanitary deficiencies in the existing systems of sewerage, the writer proposes to get rid of the deleterious gases—which exist in and are continually escaping from all sewers—by the aid of ventilating pipes, attached to the highest point of the drainage belonging to each dwelling, and carried sufficiently high to ensure that the gases are rendered innocuous, by diffusion in the upper air. With the same object, the writer also proposes that ventilating shafts, or columns—which might be made available for other useful purposes—should be erected at suitable distances, in connection with the main sewers:—

Among the means which civilization has introduced for the purpose of purifying the atmosphere of our towns and dwellings, none is more familiar or important than the sewer. Its object plainly is to carry out of sight offensive matter, and to confine and imprison gases resulting from decomposition, which not only offend the senses, but which were long since observed to be deleterious to health.

The deficiency of the covered sewer, and the inconvenience and danger arising from the escape of the sewer gases, which had become only more concentrated and more powerful by their accumulation and temporary imprisonment, soon became apparent, and the expedient of trapping the apertures of the sewer, both where they open in the street channels and also in the sculleries and areas of private dwellings, was adopted as a preventive of the bad consequences following on the escape of sewer-gas.

The fact seems to have been overlooked that in merely trapping the higher apertures of the sewers, the dangers resulting from the imprisonment of the sewer-gases were positively increased, and that, in order that the trapping might fulfil the intention with which it was adopted, another and further precaution was necessary, which has been almost altogether neglected, and most of all so, where the danger appears to be greatest and most urgent.

It is now an established fact, that the sewer-gases ascend in currents, opposite in their direction to the flow of the contained water and denser materials, which gravitate towards the sewer's

mouth. This might naturally be expected, but it has been positively ascertained by a series of experiments undertaken by Mr. Bazalgette, Engineer to the Corporation of London, who, by their desire, instituted these experiments for the purpose of deciding this point, and found the currents of the sewer-gases directly opposite to that of the descending fluids.

This being the case, and the street gratings being trapped, the gases necessarily find their way from the street mains into the branches leading to private houses, and escape into the area or scullery, if untrapped; but if they are trapped, no resource remains but to ascend the down-pipes of the water-closets, which are too often in the body of the house, and here they are temporarily arrested.

It is not difficult to show that the arrest here is only temporary. The gases being cumulative, and their tendency being to ascend as they increase in quantity, the pressure on the gas, which has attained the highest point, must increase. In the water-closet, the escape upwards of the sewer-gas is prevented only by the water in the trap. But, water being capable of absorbing gases to some extent, a slow, insensible process is constantly going on, by which the gas, absorbed by the water in the trap, is given off within the closet, and, mixing with the atmosphere of that chamber, must not only vitiate it, but become diffused, more or less, through the atmosphere of the dwelling.

It is to this circumstance, conjoined with the impossibility of making any plumber's work so staunch as to completely prevent the escape of these volatile and attenuated agents (which we know will permeate crevices that water could not pass through) that we are to attribute the heavy, mawkish, oppressive smell which is to be met with in the best constructed and most approved water-closets of the day.

In the case of our street-sewers a somewhat similar process must occur—pressure from like causes must take place upon the roofs and sides of the sewer, and the gases escape through cracks and rat-holes, with which all sewers abound. They first become diffused through the superincumbent clay, and, rising to the surface, soon meet the lower strata of the air, from whence it is not difficult to foresee their easy transfer to the lungs of the passer-by.

Thus, the atmosphere of our streets becomes vitiated by the leakage of the gases from the mains, while that within our houses is poisoned by the escape from the house sewers, the soil-pipe of the watercloset in particular. It is a mistake to suppose that these mephitic gases find their exit at the mouth of the main sewer, far away from our houses. It is an ascertained and established fact,

as already mentioned, that they rise in the sewers, in a direction contrary to the current of the fluid contents, finding their way to the highest levels, from whence they must find vent somewhere, and can escape only in the manner already indicated.

The remedy for an evil which comes home to every one who frequents a town, whether he be a resident or not, seems to be to provide a *free escape* for the sewer gases into regions where they cannot be any longer injurious to man; and this would seem to resolve itself into—firstly, PUBLIC PRECAUTIONS for the relief of the street mains; and, secondly, PRIVATE PRECAUTIONS for the relief of domestic sewerage.

ON AN ADAPTATION OF THE REFLECTING MIRROR TO THE UTERINE SPECULUM.

By LEONARD W. SEDGWICK, M.D.

THE mirror is three inches and a half in diameter, and is of five inches focal length. Like the laryngoscope mirror, it is mounted in a light metallic back, and to its circumference a brass arm is attached by a ball-and-socket joint, which is easily tightened or slackened by a screw movement. The arm can be lengthened or shortened by a simple telescopic slide; it is bent at a somewhat obtuse angle close to the joint, and is, when closed, four inches long. At its other extremity the arm is also bent at an angle, and is square; it fits into either side of a short socket attached to the upper surface of the outer end of the speculum, and is speedily secured there by a turn or two of the screw-cap.

By this means the mirror has a firm, easily fixed attachment to the speculum; and, by the aid of the ball-and-socket joint and the telescopic movement, it can be placed at any angle in relation to the axis of the speculum, and at such a distance from it as may be most convenient, or may afford the best illumination.

The mirror may, of course, be adapted to any speculum. It has been made for me, with their usual success, by Messrs. Weiss and Son; and I have latterly used it attached to a speculum of their construction, which I venture to think, is the most satisfactory instrument yet made.

The form of the speculum originated, I believe, in a suggestion of Sir James Simpson's. The lower blade is of the duck-bill shape; the upper is flat, and fits on to the lower in such a manner that a small interval is left between the two, so that in closing the instrument for withdrawal no pinching of the vaginal mucous membrane can occur. The upper blade is shorter than the lower one, so that when the speculum is opened, the cervix is easily received into it. The duck-bill shape of the speculum secures the very easy intro-

duction of the instrument, and also so distends the vaginal walls as to prevent their falling in and obscuring the view of the os uteri. By this configuration the wooden plug is rendered unnecessary, and lateral blades are made useless: both very desirable arrangements; for, by the consequent simplicity of construction, thorough cleansing of the instrument is facilitated, and non-absorbing surfaces or tortuous chinks are left where infecting particles may lurk or be overlooked.

By the use of the mirror thus affixed, it becomes unnecessary to alter the position of the couch or bed on which the patient is lying; for, wherever the source of light may be, the mirror can be so adjusted as to reflect it upon the cervix uteri. There are no formidable preparations to be made; for the patient may lie in the usual obstetric position on the bed wherever it may be placed.

A better illumination is obtained by daylight, inasmuch as a larger amount of light-rays are concentrated on the spot to be examined than can be obtained by direct transmission. A better illumination is also obtained when artificial light is used; for not only does the same reflection of light occur as in daylight, but the part is relatively as well as positively brighter; for as the lamp or candle may be placed on a table at some distance away, the great disadvantage of looking over or through a bright light at a place not so bright is avoided.

The impossibility of the occurrence of such unpleasantnesses as the dropping of grease or the singeing of bedclothes, is an additional recommendation.

In all cases one hand of the medical man is entirely set at liberty, and in many instances both are free. Where the speculum does not of itself retain its position, and both hands are needed, the finger of an assistant, or of the patient herself, serves to secure its steadiness.

If the mirror be on a lower level than the source of light—and this may always be managed—it does not interfere with the use of both eyes; and as it is always set at an angle, it is never in the way of any instrument which may be in use. One can thus accomplish with greater certainty, many necessary mechanical interferences with the os uteri, because both hands are at liberty, and one has a clear and continuous view of all that is going on, especially if the instruments used are, as they may often be, trowel-handled.

I may add that this mirror may be used attached to the rectum speculum with advantage.

It is stated, by an anonymous correspondent in one of the Indian papers, that ammoniacal injection has been practised with success in a case of cholera.

SOFTENING OF THE STOMACH IN CHILDREN IN AUSTRALIA.

IN noticing Dr. Reeves' work on this subject, the *British and Foreign Medico-Chirurgical Review* for July 1869, states:—Dr. Reeves has had ample opportunities (which he has used well) of observing that imperfectly understood condition, softening of the stomach; and, had he realised what are the points still in dispute, he might have done much towards finally settling them. It appears that this change is observed after death in infants who have suffered from an acute form of vomiting and purging, much resembling infantile cholera. Attacks of this kind are common during the hot months in the ill-drained and ill-ventilated houses which abound in Melbourne: Dr. Reeves is no doubt right in looking upon them as merely forms of "colonial fever," which is so common in the capital of Victoria. Whatever the precise nature of this fever may be, we may probably consider the stomach-affection to be produced (like the lung-congestion of older patients) by perverted innervation. Morphia, either by the mouth or by the rectum, has proved the most effectual remedy in Dr. Reeves' hands, and he has generally combined it with acetate of lead or tannin. He also strongly recommends the rectal use of morphia in ordinary infantile cholera, which we see in England as well as in Australia, and which he carefully distinguishes from the epidemic disease of which he treats.

INCREASING NUMBER OF LUNATICS IN FRANCE.—

According to M. Lunier, Inspector-General of the Lunatic Asylums of France, the number of lunatics in this country from 1835 to 1869 has increased in the proportion of from 4.96 to 24.28 per 1000 inhabitants. This extraordinary increase of lunacy would be due, in some measure, to the imperfection of the former census; yet, it seems certain by the last census, brought down to January, 1869, that there exists 1 lunatic in every 412 inhabitants; and, on account of the fact that many families take every precaution to conceal the madness of one of their members, M. Lunier thinks that he may safely put down the rate at 1 in 200. In the lunatic asylums the total number of the insane has become four times more considerable since 1835, and has increased from 10,000 to 38,000. M. Lunier purposes to publish shortly a series of papers, in which he will examine the probable causes of this terrific increase, and the means of arresting its further development.—*Lancet*.

A SPECIAL meeting of the Medical Society was held on the 16th inst., to take into consideration the prosecution lately instituted in the Melbourne Police Court by Dr. Jordan against Mr. Syme, the

proprietor of the *Age* and *Leader* newspapers, for the publication of an alleged libel, in the course of some severe strictures on the Anthropological Museum, belonging to the plaintiff. The proceedings in the police court resulted in favour of the defendant, the magistrates dismissing the complaint. The members of the Medical Society, after a very stormy debate, concluded by mildly rebuking Dr. Barker for having given evidence in favour of the museum. The meeting was attended with so much violence and disorder that the president had to threaten to vacate the chair and dissolve the meeting.

THE MELBOURNE HOSPITAL.—With the alleged view of improving the medical organisation of this institution, the managing committee recently decided that it was expedient to obtain the services of a well-qualified medical gentleman of standing and experience in the profession, as chief of the resident medical staff. Considerable surprise has been expressed since it became known that the new appointment was conferred on a gentleman who, although of mature years, is still only a novice in the profession, without either standing or experience, and who only obtained his qualification from the Melbourne University the other day. This appointment appears to be on a par with the usual management at this institution.

VITAL STATISTICS OF MELBOURNE AND SUBURBS FOR JULY, 1869.—The Registrar-General reports that 275 deaths took place during the month, 162 of which occurred in males, and 113 in females. The number of deaths in those under five years amounted to 102, and in persons over that age to 173. The daily average mortality was 8.87. The number of deaths per thousand of the population, was 1.97; this calculation is made on the basis of the last census. The mean temperature of the month was 47.1; the average mean temperature of this month for the ten preceding years was 48.0.

WATER SUPPLY.—While some of our Victorian Solons have, on various occasions of late years, thrown out sundry hints about the advisability of curtailing or rendering intermittent our present plentiful supply of Yan Yean water, a Bill has been introduced into the British Parliament, having for its principal object the securing a "constant uninterrupted daily supply" of pure water. If this be deemed necessary in Great Britain, how much more indispensable is it in a warm dry climate like that of Victoria, where an "uninterrupted" supply of good water for domestic purposes and the bath, is almost as essential to health as the air we breathe.

Birth.

JACKSON.—On the 18th inst., at Mount Gambier Hospital, the wife of Dr. Jackson, of a son.

Original Articles.

✓ EXTRACTION OF DOUBLE CATARACTS WITH CLOSED PUPILS, AND RECOVERY OF GOOD SIGHT, AFTER THIRTY YEARS' TOTAL BLINDNESS.

By J. BERNCASTLE, L.R.C.P., LOND., AND L.R.C.S., EDIN.

(Read before the Medical Association of Victoria, 10th September, 1889).

FOUR years ago a blind beggar, constantly stationed at the corner of one of the streets of Sydney, attracted my attention; and, out of curiosity, I went into the particulars of his case, the history of which was as follows:—His name was William McAndrews, aged sixty years. Had formerly been a fiddler; but, having completely lost his sight for thirty years, he had ever since remained a blind beggar. On examination I found that both pupils were closed permanently to the size of a pin's head, through which small round aperture a hard cataract of a pearly colour was distinctly visible, in close contact with the iris of each eye, both which, to all appearance, were quite natural, but permanently contracted, not being affected by a strong solution of atropine. He could not distinguish light from darkness during the last thirty years. When he first went blind, loss of vision came on in a few months' time, in both eyes, probably from iritis, followed by opacity of the lenses. Considering the case a very interesting one, to test the possibility of restoration to sight after so long a period of total darkness, longer by twenty years than I had ever met with, I volunteered, at his request, to operate. As he was quite unable to support himself in doors, I had to keep him for a month at my own expense, which I should have had much reason to regret, as he turned out very unthankful and intemperate, had not the success of the case amply compensated me for the trouble.

The operation was performed in the following manner, without chloroform, on both eyes at the same time:—With Beer's knife I made an incision to the extent of one third of the lower part of the cornea, through which a large iridectomy, of about a quarter of the lower part of the iris, was made with the forceps and curved scissors; the iris had formed no adhesions, but left a fine, large, square pupil in each eye, without any pain or even tinge of blood. At this stage I applied gentle pressure with the finger on the upper part of the eyeball, when, to my great delight and surprise, each cataract came out perfect, with its capsule entire. The lenses, having been embedded, quite detached, in the aqueous humour, gave no trouble, as I might have apprehended, in the extraction; since, without requiring the introduction of any instrument to lacerate the capsules, they both came away on

the simple application of gentle pressure from above.

The eyes were kept closed with strips of plaster, as is usual for a week, when, on examination, both corneal incisions were found quite healed, without any bad symptom, and in another week, on testing for sight, he could distinguish most objects around him. At the end of a month he could see everything in the room, describe minute objects, and find his way about the town by himself.

This case is singularly interesting and instructive, as it proves that no lapse of time will prevent a successful operation for cataract, if amaurosis has not occurred from such total occlusion of light for so long a period, which I might reasonably have been led to expect here more or less. Even in such cases, I have seen the stimulus of light ultimately overcome, after a few months time, the amaurosis that accompanied cataract with closed pupils of long standing. I have frequently operated, after from eight to twelve years of total blindness, and have found the amaurosis yield gradually to the altered condition of the eyes. In all these cases of long standing I consider it a particularly favourable symptom that the lens should escape with its capsule unbroken, a circumstance which gives to the operator great facilities, and to the patient the advantage of a clear medium suddenly, without any risk of capsular interference during convalescence. Another case in point is that of the late Dr. Baylie, of Geelong, who had been totally blind from cataract of one eye for the last 23 years, when, in 1867, I operated on him for extraction of the cataract; and half an hour after it had been removed, he could distinguish the time upon the white face of a Geneva watch.

The bottle on the table contains both the lenses and their capsules. In consequence of much shaking, the lenses have of late escaped from their capsules, and are now, as may be seen, floating about in the spirits, separate and very distinct.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the "Australian Medical Gazette.")

PURULENT INFECTION: BLOOD POISONING.

THE members of the *Académie de Médecine* have been lately devoting considerable attention to purulent infection, but without eliciting anything new connected with it; much as they have said—and it cannot be considered anything but say, for they have not performed one experiment to elucidate the difficulties which every one who has had occasion to study the subject must have felt. The following is a *résumé* of what Mons. Verneuil, one of the Academicians, has arrived at:—

1st. Following wounds, either recent or ancient, sanguinolent or suppurating, traumatic or spontaneous, certain general symptoms are developed, of more or less intensity, resembling fevers of the remittent or continued type.

2nd. Latersecondary lesions may occur in distant organs hitherto healthy, under the form of purulent deposits.

3rd. The cause of these general symptoms is the penetration into the blood of a toxic substance generated on the surface of the wound, and which he calls traumatic virus.

He does not consider purulent infection a special disease, but only a termination of the general disease—traumatic septicæmia—and that they should be studied together.

The experiments of M. Cose, which have been several times alluded to in the pages of this journal, throw much more light on the subject of blood poisoning than the observations of M. Verneuil. He has shown that the introduction of putrid fluid under the skin alters the character of the red corpuscles, increases the number of white corpuscles, and produces softening of the spleen and lungs. In these cases there are no secondary formations in the organs, but there is often effusion into one or other of the cavities. M. Verneuil has forgotten that in many cases of traumatic septicæmia sero-purulent effusion is not uncommon, the organs being entirely free from any secondary deposits. He forgets that blood poison can be introduced into the circulation from other sources than the walls of a wound, namely, by absorption through the lungs, and from mucous surfaces.

A few weeks back, the translator found it necessary to plug the vagina of a woman who was nearly dying from flooding after abortion; the only means to make a plug were some old rags. These were introduced, and the flooding checked. At the end of twelve hours, the pulse was weak but tranquil. From illness she was not seen for thirty hours; the pulse was then 120, cheeks slightly flushed, skin hot, and the tongue white and slightly coated with brown on its posterior aspect; there was no tenderness about the womb. Both the nurse and the patient said that the entire plug had come away. About the forty-sixth hour, the symptoms of blood poisoning were strongly marked, and pain in the bowels, which were rather tender to the touch, with offensive diarrhœa, had set in. On making an examination, a piece of rag was found close to the mouth of the womb. It was highly offensive. The diarrhœa lasted several days.

Symptoms of blood poisoning will be nearly certain to show themselves, if a plug is left unchanged beyond twenty-four hours. The use of the same piece of sponge, no matter how well it is washed before being re-introduced, will often

excite symptoms of blood poisoning. There cannot be a better mode of watching the gradual development of blood poisoning than that furnished by leaving a plug unchanged in the vagina beyond twenty-four hours.

Among the wounded in the crowded wards of a large hospital a similar effect may be often seen. The pulse rises in frequency, the cheeks become more or less flushed, the tongue alters, there is more or less nausea, with distension and pain of the bowels; suddenly diarrhœa sets in, and the poison is eliminated from the system. The wound is generally healthy, showing that no absorption of poison from it has anything to do with producing these symptoms. But with this outbreak of diarrhœa there is sure to be more or less gangrene, blood poisoning, and fever of a typhoid type.

JENNER'S VACCINE, AND ANIMAL VACCINE.

M. JULES GUERIN, in a paper read before the Academy of Medicine, states, that Jenner's vaccine is composed of elements not possessed by animal vaccine. It is *spontaneous* cow-pox transmitted to man, and, therefore, modified or *humanised* by passing through the human system, and capable of being transmitted. The inoculation of a cow with small-pox, only produced an eruption which altogether lost its power of reproduction the fourth time. But, on the other hand, if a cow was vaccinated with cow-pox from the human subject, it was reproduced, and could be perpetuated. The incubation is sensibly longer with animal than with human vaccine; and the eruption is slower in appearing, generally not for five, six, seven, eight, nine, and even ten days; and when it appears, runs a more rapid course, lasting not more than four days. He considers that the tardy appearance of the eruption is characteristic of animal vaccine. Seventy-eight infants were vaccinated with animal and human vaccine. In 60, the pox was reproduced; the superiority of the human lymph was marked. Of the 28 instances in which animal vaccine was used, only 45 pustules were produced, while in the 58 in which human vaccine was employed, as many as 168 pustules resulted.

ABSENCE OF THE LEFT AURICLE, OPENING OF THE PULMONARY VEINS INTO THE LEFT INNOMINATA VEIN. BY DR. FRIEDLOWSKY.

THE infant died when 18 days old. The right auricle was found to occupy the third part of the heart. There was a kind of rudimentary left auricle separated from the left ventricle by a kind of falciform process. There was a narrow communication between the left auricle and ventricle; but the opening between the right auricle and ventricle was considerable, and both the ventricle and auricle were very large. The pulmonary veins

united into one vessel, which ascended in front of the aorta and the pulmonary artery to empty itself into the left vena innominata. The left lung was less developed than the right, and the veins were smaller.—*Condensed from Schmidt's "Jahrbücher."*

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

DR. NEILD AND HIS ETHICS.

To the Editor of the Australian Medical Gazette.

SIR,—The village shoemaker's wife is proverbially the worst shod in the parish. Is this true; and, if so, why? Why do we suspect a man who is always frantically informing the world that he is actuated by the most honourable impulses? The reason is obvious. We naturally imagine the poor wretch has some reason to be afraid of the judgment of society. I knew a man who terrified Australia generally by his inuendoes as to the greatness of his family at home, and therefore of his own importance. He screamed out loudly against everything he was pleased to call ungentlemanly and snobbish. These adjectives were interlarded with every discourse. He would have you believe that his family had ruled the fashion since the days of Robert Bruce; and that, if he was not related to the Howards and the Stanleys, it was because his ancestors disdained to mingle their blood with such second-rate people. Everyone suspected him. In an evil moment his illustrious parent was discovered to hold one of the most humble positions in a Scottish fishing village. It is no disgrace to raise ourselves above the position of our ancestors. No man need be ashamed of his origin, however humble, as long as virtue took up its abode in his parents' dwelling.

Has it never been your lot to see men outrageously gentlemanly? Why do we fight shy of the fashionable young Englishman dressed in the latest style, resplendent with jewels, and who out-herods a Frenchman in gesticulation and in his manner of speaking French? You know as well as I, we expect him to turn up a blackleg or a rascal of some sort. The character is far too plausible to be honest. When does a man entertain you with brilliant descriptions of his prospects, and of his love of truth and justice? Just when he is in difficulties, brought on by bad living, and when he wants to borrow money he knows he has no prospect of repaying.

These reflections occurred to me on reading

Dr. Neild's speech against Dr. Barker. Which of us could be so cruel as to wish our worst enemy in such a position as to be lectured by such a person? The malice of such a wish no words could do justice to. "Neild on Medical Propriety" would be as rich as "Fagin on the Advantages of Early Religious Training," "Bill Sikes on the Evils of Housebreaking," or, "Major Pendennis on the Iniquity of Worldliness."

Dr. Neild seems frantic on the subject of medical ethics. But what does it all mean? He would have us believe that common honesty and courtesy are not sufficient to regulate the mutual relations of medical men, but that they should all swallow a dose of his ethics before they can hope to be respectable. I knew a medical man affected with the disease, who pushed a catheter into a false passage up to the hilt, and tied it in for forty-eight hours or more. His conduct was satisfactorily explained to his brothers of the Neild school, on the principle of medical ethics. This, however, did not restore the unfortunate patient to life. Another intimate friend of Dr. Neild voluntarily made a statement in public calculated to damage me in the eyes of my employers, and then denied his former assertion in the Supreme Court, when he saw a severe cross-examination staring him in the face. It was clear to ordinary mortals that if the first statement was true, the sworn testimony was not. But these are harsh terms in which to speak of a very respectable practitioner, who, like Dr. Neild, is a great authority on medical ethics. His friends were quite satisfied with his explanation—his words were merely meant to bear a Pickwickian construction. Is the term "medical ethics" a peculiar development of Pickwickian philosophy? In point of fact, I never hear of a practitioner great in ethics without suspecting him capable of endeavouring to reduce simple buboes as herniæ, or of mercurialising and bleeding a miserable wretch in the last stage of tuberculous disease.

But how did Dr. Neild show his ethics in the case of *Barnett v. Reid*? He came forward as an expert; paralysed the jury with a list of his qualifications and appointments, and made my heart sink within me at his terrible denunciations of my skill as a surgeon. His utterances were oracular, in conformity with the vast surgical experience he wished the court to believe he possessed. But alas! on cross-examination, this bubble burst when he informed us that redness of the skin was a sign of pyæmic abscess, and that lowering and antiphlogistic treatment was the best for that disease. Having thus got himself into direct opposition to the books he admitted as authorities, and involved himself in inextricable confusion, he, in a faltering voice, confessed he had no surgical qualification, and was, therefore,

unable to speak on such points. We then let him leave the witness-box, much to his delight.

Now, sir, I would ask, is such conduct a bright example of ethics? Dr. Neild, allied with my enemies, wished to injure me, and possibly might have done so had he not been demolished on cross-examination. He actually gave evidence against me, in a bold, decided manner, in the Supreme Court, on points upon which he confessed he was ignorant. If he was not actuated by feelings of hostility, why did he not preface his examination in chief with the admission he was subsequently compelled to make, that his statements were utterly unreliable, in consequence of his profound ignorance? Such straightforward conduct was contrary to his ethics. I was to be crushed at all hazards, and he was mean enough to endeavour to make the jury believe he was an authority on points he afterwards confessed he was innocent of.

Is pyæmia exclusively the consequence of surgical operations or injuries? Does the accoucheur never meet with pyæmia? Is it not incumbent on the physician to be as conversant with the disease as with pneumonia or typhoid fever? I say emphatically that it is. Now, mark the miserable quibble with which Dr. Neild endeavoured to explain his ignorance—he said he was no surgeon. He might well have added that his knowledge of pathology was equally limited.

I would never have thought it worth while to comment on Dr. Neild, had it not been for his wanton attack on Dr. Barker. I want to let the profession know the nature of Dr. Neild's ethics, and the extent of his knowledge. The profession must be at a very low ebb when it looks to such an individual to uphold its "corporate honour."

Milton describes the denizens of a certain region employing their time in discussing Free Will and Predestination. So I always suspect a man who is great upon ethics. I imagine he is little troubled with business, and time must hang very heavily on his hands. Manliness of character and knowledge of disease appear to me little consistent with Dr. Neild's ethics. Before he again sets himself up as an expert, or as a teacher of medical ethics, I would strongly advise him to carefully study and consider the ninth commandment.—I remain, etc.,

DAVID BOSWELL REID.

Geelong, 9th Oct., 1869.

CLUB DOCTORS AND HOSPITAL SURGEONS.

To the Editor of the Australian Medical Gazette.

SIR,—In the *Gazette* of the 30th of June you called attention to "the degrading and unprofessional conduct of Mr. Garrard in coquetting with, and offering his services to, a few malcontents of

the St. Patrick's Society, in opposition to Dr. M'Carthy, the medical officer of that society for many years." You justly complain of medical men having anything to do with a society until the gentleman in possession ceases all official connection.

Since the above appeared, I understand that Mr. Garrard's conduct has become more reprehensible, inasmuch as it is said that he has actually consented to take less per member than he was lately receiving from the above malcontents, in order to induce the committee to compel Dr. M'Carthy to resign, or to take less than he has been receiving from the society! If this be true, it is degrading in the highest degree; nay more, it appears from an advertisement in the public press that he has agreed to stand *monthly* in competition with Dr. M'Carthy for the members' names, and that he has consented to sign a new degrading agreement, which Dr. M'Carthy refuses to sign. If these reports be true, it does not add much to the credit of the Melbourne Hospital staff.

It appears that the faction in favour of Mr. Garrard, by violence and a pretended election, removed those members of committee favourable to Dr. M'Carthy, and elected themselves, hence the cause of the degrading advertisement in the *Argus*.

It is not much to the credit of the president, Mr. Daniel Grogan, or the vice-president, Mr. Michael O'Mara, to countenance such disreputable conduct, as they are reported to do, in opposition to the rules of the society, and to the desire of the majority of the members. It is to be hoped that the parties concerned will disprove or explain these circumstances.

I am, sir, yours, &c.,

PRACTITIONER.

DR. BARKER—A VICTIM TO THE TENDERNES OF HIS MERCY.

To the Editor of the Australian Medical Gazette.

SIR—Every person present at the late meeting of the Medical Society must endorse the opinion expressed in the leading article in your last issue, "that Mr. Syme deserved thanks for his successful and courageous exposure of a disgusting exhibition," but what object those who wished to censure Dr. Barker for standing by his friend Dr. Jordan expected to gain by doing so, is a mystery to every one but the initiated. The other members of the society, Messrs. G—e, T—y, and B—r, present at the opening of the museum, and who, with Dr. Barker, inspected the models in the "Pathological Room," did not (either from ignorance or disinclination) feel themselves called upon to protest, in the interests of decency, against the morality of the exhibition. They *could not know* that the object was not to further the interests of science, but to frighten

money out of the pockets of credulous young men, and foolish old ones; they fell, as other medical men in other towns where these museums have been established, and by the same bait by which some doctors are readily caught—a good supper, with plenty of champagne. They drank, no doubt, success to science and the proprietor; he all the time laughing to himself at their gullibility.

We miss the certificate usually given after these banquets by the guests to the proprietor. Was it forgotten in this instance?

In your article you called the meeting a "bear-garden." Bears don't chatter like magpies, and call out "Who are you?" when they tear each other to pieces. A *very* "distinguished surgeon" present said, "that, barin' the poteen, it was very like Donnybrook fair." Certainly it was very unlike a meeting of medical sages, met for the purpose of defending the "society's corporate honour!"

Dr. Barker believed the museum to be intended to illustrate the changes produced by disease, and those members of the society who were with him must have been of the same opinion, yet they left him to bear, single-handed, the brunt of a contest with the Press, because they knew it was one in which he would get more kicks than pence.

It is to be regretted that the doctor did not laugh at the quidnuncs—the *bartige frauen in hosen*—instead of apologising. He is a good surgeon, and, as a pupil of the greatest surgeon of his day, Robert Liston, deserves a very high position. But why he does not hold it, who can say? Is it because he is so often a victim to the tenderness of his mercy?

SURGEON.

DR. GARRARD AND THE ST. PATRICK'S SOCIETY.

THE following strange advertisement appeared in the *Argus* of the 4th inst. :—

ST. PATRICK'S SOCIETY.—The medical services of Dr. GARRARD having been secured, in addition to those of Dr. M'CARTHY, every member is requested to notify in writing to the Secretary, at the hall, within seven days from the 1st of October, on which of the medical gentlemen's lists he wishes his name placed.

Any member, after putting down his name on a list, wishing to change his medical adviser, must give at least seven clear days' notice to the Secretary before the expiration of the month previous to that in which he wishes such change to commence.

S. V. WINTER, Secretary.

We may state that Dr. M'Carty has discharged the duties of medical officer to the St. Patrick's Society for the past six years with entire satisfaction to the vast majority of the members. It is almost incredible that any practitioner, much less a member of the honorary staff of the Melbourne Hospital, would not only compete for club practice with a fellow practitioner at the instance of a few

dissatisfied members, but would volunteer his services at one-third less than the remuneration received by the permanent medical attendant. We hope that Dr. Garrard is the only gentleman belonging to the staff of the Melbourne Hospital capable of conduct so derogatory to the status of an hospital surgeon, and degrading to the profession.

CLUB REMUNERATION.—Were it not a matter of daily observation, it would be scarcely credited that for the paltry honorarium of twenty shillings, and in many instances for much less, an average of six persons could be provided with medicine and medical attendance for a whole year. The friendly societies cannot excuse themselves for not assigning to their unfortunate medical officers something like an adequate remuneration on the plea of want of means, as in almost every instance, we believe these bodies have considerable funds to their credit. When they can afford to expend large sums in founding scholarships in the university and in other matters of supererogation, it ill becomes them, in a matter of such vital importance to themselves, to refuse to perform a mere act of justice towards those gentlemen on whose energy, skill, and integrity, so much of the prosperity of the clubs depends.

Medical News.

APPOINTMENT.—Dr. J. J. Armstrong has been appointed Health Officer for the Borough of Tara-dale.

DEATH FROM LAUDANUM.—The city coroner, Dr. Youl, held an inquiry, on the 27th ult., into the cause of death of Thomas Trinder, æt. 26, second steward of the steamer Tasmania, who died on the 25th ult., during the passage from Launceston to Melbourne. According to the evidence, the death of the deceased, who had been intemperate, was occasioned by an overdose of laudanum taken for remedial purposes while under the influence of liquor. The medical witness, Dr. Neild, stated that "a quantity of brown fluid was oozing from the mouth of the deceased. From the appearance of the fluid found in the mouth and stomach of the deceased, he had no doubt that deceased died from narcotic poisoning." We were not previously aware that the presence of a brown fluid in the stomach, or oozing from the mouth of a deceased person, was any proof of narcotic poisoning. The latter appearance is almost invariably present in every instance, no matter what the cause of death may have been.

INQUEST.—On the 2nd inst., the district coroner, Mr. Curtis Candler, held an inquiry in the case of a farmer named James Spiers, whose death was

occasioned by the wheel of a loaded dray accidentally passing over his body. Dr. Barker, the Melbourne practitioner who made the autopsy, stated that the deceased died from internal injuries caused by the passage of the wheel over his body, as deposed to by a witness present at the time of the accident. It is difficult to perceive why the country should be put to the expense of a *post mortem* examination in the present case, where the cause of death was so obvious.

ROBERT BOWIE, ESQ., M.R.C.S. LONDON.

It is with extreme regret that we have to record the death of this gentleman, which took place at his residence, Northcote road, Fitzroy, near this city, on the evening of Saturday, the 2nd inst. Dr. Bowie may almost be said to have literally died in harness, having been actively engaged in the practice of his profession nearly to the hour of his death, which was wholly unexpected; although he had recently complained on one or two occasions of some slight uneasiness in the cardiac region, it did not appear sufficient to excite apprehension. The immediate cause of death was a sudden attack of angina pectoris. Dr. Bowie, who was born in Perthshire, Scotland, on 17th March, 1788, and had consequently attained his eighty-second year, was the first Medical Superintendent of the Yarra Bend Lunatic Asylum, having received his appointment from the Imperial Government, the wisdom of whose choice was amply vindicated by his very successful management of that institution at a time when he neither had proper appliances or suitable buildings, and the utmost difficulty was experienced in procuring or retaining efficient attendants during the excitement of the gold-digging era. In addition to these difficulties, he had to contend with others arising from the opposition and ill-feeling of certain Government officials, who did everything in their power to thwart and throw obstacles in the way of every proposal emanating from Dr. Bowie, who eventually retired from the asylum on a pension in 1863, since which he has been actively engaged in private practice.

Notwithstanding all the opposition which Dr. Bowie encountered during the many years he was Surgeon Superintendent of the Yarra Bend Asylum, he yet succeeded in introducing many valuable improvements into that institution. It is to him that it is indebted for its admirable system of cottage residences—then an entirely new feature in lunatic asylums—the great advantages of which have since been so abundantly proved. He introduced a most excellent plan of watercloset accommodation specially adapted for the use of the insane. He also organised a system of recreation and amusement for the benefit of the

patients. Notwithstanding the bitter opposition and the many difficulties he had to encounter, the records of the asylum bear ample testimony to the great measure of success which attended his efforts. Amongst other annoyances which he experienced at the asylum, may be mentioned the notorious system of conducting inquests during his period of office. The pretence of inquiring into the death of a patient frequently formed a colourable pretext for prying into the management of the entire institution, and for placing him, as it were, on his trial. During the period to which we now refer, inquests which should have been concluded in two or three hours were frequently protracted for as many weeks.

Naturally of a robust constitution, the deceased gentleman was vigorous and active to the last. Endowed with an acute intellect, enriched by an extended observation vouchsafed to few, Dr. Bowie was eminently successful as a practitioner. He had been a constant and valuable contributor to the pages of this journal. Genial and warm-hearted in private life, he won the esteem and good opinion of all who knew him.

Previous to his arrival in Victoria, the Central Board of Health, London, availed itself of Dr. Bowie's services during various epidemics. He had also been employed, by the Imperial Government on several occasions in different parts of Great Britain. Dr. Bowie, who had been fifty-eight years in practice, having obtained his qualification so long ago as 1811, was, we believe, the oldest member of the profession in Victoria.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: FRIDAY, OCT. 15, 1869.

THE relations at present subsisting between benefit clubs and the medical profession are admitted on all hands to be highly unsatisfactory. It is conceded by every medical man who has given this question any consideration, or who feels any solicitude for the credit and welfare of the profession, that the means by which club practice is too frequently obtained and preserved are both degrading and injurious to the profession, without at the same time being calculated to secure satisfactory results to the clubs. By the existing system, it is true that the members of benefit clubs obtain medical attendance at an almost nominal rate. It is, however, very questionable whether, in the long run, cheap medical services will be found most conducive to the

welfare of the members of the friendly societies. It will scarcely be denied that the usual rate of remuneration paid by benefit clubs for medical attendance is wholly disproportionate to the services rendered in return, and to the earnings and incomes of the members of the clubs. The amount now most commonly paid for medical services is insufficient to remunerate the most perfunctory attendance; an unhappy circumstance, neither calculated to secure the confidence or promote the convalescence of the sick; who, whatever they may affect to think while in health, cannot help feeling, when struck down by disease, that their unfortunate medical attendants are insufficiently remunerated for their services; hence a suspicion can hardly fail to arise that the sick may not obtain that care and attention which in serious illness are so conducive to a happy termination.

Although we cannot exonerate members of benefit clubs from much blame in not having, as a matter of worldly prudence, assigned a less inadequate remuneration to their medical officers, it must still be admitted that the larger share of censure belongs to those members of the profession who are often only too ready blindly to sacrifice the best interests, and to compromise the prestige of the profession, who, not satisfied with carrying on an insane competition, go touting and "shouting" for club practice among the dissatisfied members of friendly societies. Little improvement, however, can be looked for, we fear, until the members of our profession show themselves more alive to the discredit and degradation of tendering for medical services, canvassing the members of clubs for support, and the many other degrading and disreputable devices too commonly had recourse to, for the purpose of retaining or procuring club practice. Were there anything like unanimity amongst medical men, there can be little doubt that the friendly societies would be compelled to concede the just and reasonable requirements of the profession, the principal of which are the abolition of tendering and the substitution of a fixed rate of remuneration for medical attendance, exclusive of medicine. It is not desirable that medical gentlemen should have anything to do with the supplying of drugs, as such a practice is not only an unfair encroachment on the province of the chemist and druggist, but attended by loss of prestige to themselves. In the second place, a longer tenure of office is

essential; instead of friendly societies electing their medical officers every six or twelve months, these gentlemen should hold their appointments as long as they afford satisfaction; they should not be harassed, worried, and kept in continual uncertainty by frequent elections. Some restriction should also be placed on the class of persons entitled to the services of the club doctor, since it is notorious that many of the most prosperous and wealthy members of the community belong to benefit clubs, who do not hesitate to avail themselves of the services of the medical officers.

It may not be unnecessary to remark, that benefit clubs were only intended to meet the case of persons in humble circumstances who are unable to pay the usual fees, and who, in the event of sickness, would require pecuniary assistance. It was never intended that their organisation should be perverted to the selfish purposes of mean well-to-do persons, in many instances possessed of incomes varying from £200 to £1000 a-year, and even upwards, many of whom at the present time belong to benefit clubs. There is little doubt that ultimately the true interests of friendly societies will be found to demand the correction of so glaring an abuse, in order to avoid the avenging Nemesis which sooner or later is sure to overtake most institutions which have been perverted from their original objects. In a few cases, it is true, there might be some difficulty in deciding who should and who should not be entitled to the medical benefits of a club; but this difficulty, if it be one, would not be found insurmountable. Were friendly societies confined to those classes for whose benefit they were originally intended, they would be beneficial rather than otherwise to the profession; but in the present day, at least in Victoria, these institutions are meanly taken advantage of by some of the wealthiest members of the community for the purpose of obtaining a species of semi-charitable medical attendance, to the manifest injury of the profession. It can scarcely be a pleasant reflection for medical men to feel that they are the only members of a learned profession whose services are disposed of by contract or tender—to be conscious that, like another Esau, they have sold their professional birthright for a paltry mess of pottage. The requirements of the profession with regard to benefit clubs are so just and reasonable that it requires only a little organisation and *esprit*

du corps on the part of medical men to obtain what they are obviously entitled to. Any member of the profession who would be instrumental in redressing the grievances complained of would deserve the warmest thanks of his professional brethren. We have of late received several complaints of the conduct of a few medical men in this city, holding high appointments in various medical charities, with reference to the unprofessional manner in which they have acted towards fellow-practitioners—who have long enjoyed the confidence of their societies—by plotting in an underhand manner with rowdy and dissatisfied members, in order to become the medical officers of benefit clubs. We would point out to these gentlemen that, if they continue to indulge in such disreputable and unprofessional tactics, we will be compelled to publish particulars and give names.

Medical Annotations.

THE TREATMENT OF ANEURYSM BY IODIDE OF POTASSIUM.

By DR. BALFOUR, PHYSICIAN TO THE ROYAL INFIRMARY, EDINBURGH.

The following is extracted from a very valuable series of cases on this subject contained in the *Edinburgh Medical Journal* for July, 1869:—

Aneurysm of the Aorta.—William Allison, aged 22, a tailor from Glasgow, a native of Dumfries, was admitted on the 3rd of August, 1868, labouring under severe cough, with copious purulent expectoration, having also a pulsating tumour in the left breast. He is a thin, worn-looking man, and states that he has been nine months ill, having already sought relief in the Glasgow Infirmary for a severe cough and pains in the left side, especially in its lower part. There he was under Dr. Steven's care, who discovered the aneurysm, the existence of which was unknown to the patient. No special treatment was used for the aneurysm; his strength was supported, and cough soothed. He remained in the Glasgow Infirmary from the 7th March till the 20th of June, when he was discharged, improved as regards his cough, to the Convalescent Hospital at Bothwell. From thence he went to Dumfries, where he became worse, was advised to come to Edinburgh, and was sent to me by Dr. Joseph Bell, whom he had consulted. On admission, he was found to be exhausted by a constant harassing cough, and copious purulent expectoration. He had also suffered much lately from severe pains in the left side of the chest, extending over the shoulder and down

the left arm to the elbow, also up the left side of the neck to a limited extent. Pulse 110, rapid and feeble. Apex beat between fifth and sixth ribs, and slightly to the left of the nipple. The cardiac dulness does not, however, seem increased. The heart seems rather pushed to the left, and somewhat backwards. The heart's sounds are normal, but fainter than natural over the apex; the second somewhat accentuated at the base. Between the second and third ribs on the left side there is a conical elevation, rising about half an inch above the level of the ribs, pulsating fluidly, with thin walls and a distensible action. This pulsating tumour measures transversely about an inch and a half, while another inch and a half of dulness extends to the edge of the sternum; it passes upwards to the lower border of the first rib, and below it is lost in the cardiac dulness. Over this region the pulsatile wave passes from right to left, and a tolerably loud and well marked bruit is to be heard, terminated by the accentuated thud of the closure of the aortic valves. This is most distinct close to the sternum; more to the left this thud appears to be replaced by a second blowing sound. The right lung is normal both as to percussion and auscultation; the left lung is dull anteriorly, and over its lower half posteriorly, the respiration being obscured apparently by thickening of the pleura (the remains of an old pleurisy which he had in Glasgow) sonorous and creaking râles being to be heard there, as also over the apex. Right pulse perhaps a shade fuller than the left. Pupils both natural. To have a belladonna plaster applied over the tumour, and

R Morphine hydrochloratis, gr. i.

Acidi hydrochlorici dil., mv.

Acidi hydrocyanici, dil., 3ss.

Syrupi scillæ,

Aquæ fontanæ, aa ʒi. M.

Sig., One teaspoonful occasionally.

R Potassi iodidi, ʒvi.

Infusi chiritæ, ʒvi. solve.

Sig., One tablespoonful three times a day.

The pain ceased in a few days. By 1st September the cough was almost gone, the sputa nummular but scanty, his breathing easy, and he felt altogether more comfortable. His pulsating tumour scarcely projected at all, and felt somewhat firmer in its walls; his pulse 96. By 30th September the cough and expectoration had both entirely ceased, and on 30th October he left, thinking himself quite cured. The pulsating tumour was lessened, but its walls were not thickened, and the bruit as loud as ever. About a month afterwards, I had a note from him requesting readmission, which I granted, upon condition that he should agree to confine himself to bed for six months at least, and upon 10th November he was readmitted at his own urgent

request. His cough was now very harassing, and he expectorated about 3xv. of purulent matter during the night alone. He was placed on his former remedies, but on the 28rd of November he said that he vomited the iodide. He was ordered to continue the iodide mixture as formerly, but to have ten minims of chlorodyne p. r. n. instead of his cough mixture. 24th November.—It is reported, "no more sickness." On 28th November he was so exhausted with his purulent expectoration that I was forced to give him four ounces of brandy in the day. At this date his right lung was found to be normal. On the left side anteriorly there is complete dulness everywhere, except at two points—*first*, just below the left clavicle, and for about an inch from the sternum; there the dulness is not quite complete: *second*, there is a patch of fully resonant lung, bounded above by the clavicle; anteriorly, by a perpendicular line from the centre of the clavicle to the upper border of the third rib; posteriorly, by the anterior fold of the axilla, down to where this joins the fifth rib; and inferiorly, by a semicircular line joining the two inferior points. The apex beat is between the fifth and sixth ribs, two inches to the left of the nipple, and one inch and a half below it. The heart sounds distant, but normal, at least free from bruit at the apex. The base is so covered up by a large pulsating tumour that the sounds proper to it cannot be distinguished. This tumour pulsates visibly and fluidly between the second and third ribs, commencing immediately within the line bounding the resonant space just mentioned, and extending to the sternum; the pulsatile and distensible wave passes from right to left, and seems to follow the heart's impulse very closely. Over the whole dull portion of the chest anteriorly—chiefly, however, heard where the pulsatile tumour exists, and specially well marked close to the left edge of the sternum—there is a loud bruit, seeming to follow the loud accentuated second sound, and there is also a thrill most evident at the close of the pulsatory wave. Laterally the percussion sound is somewhat dull. Posteriorly there is no dulness above the centre of the scapula; beneath that the dulness is well marked. Anteriorly, over the sonorous patches, there are moist rattles and creaking sounds. Posteriorly, as low down as the middle of the scapula, the respiration is normal, with a few rattles; no vocal resonance. Beneath that the vesicular respiration is faint, almost inaudible, and marked on deep inspiration by coarse crepitation. From the fourth dorsal vertebra, as low down as the seventh, and for four inches to the left of the spine, the pulsation is distinctly audible, but no bruit.

By 24th December his cough and expectoration were quite gone. He was looking well, gaining flesh, and the pulsations were much quieter. By

the 26th of March he was so much recovered, and the pulsation so quiet, the walls feeling so solid and dense, that I ventured to express a hope that I would soon be able to let him out of bed. Unfortunately, that very afternoon, he rose without leave, and left the hospital.

EVILS OF THE MODERN HOSPITAL SYSTEM.

It is a healthy sign that the modern hospital and dispensary mania is beginning to attract attention in the non-medical journals of the day. We call it the modern hospital and dispensary mania, for assuredly it has been a madness on the part of the medical profession, who have suffered, and still suffer, both in material advantage and in public respect from obtruding their services on the public gratuitously, and equally a madness in the almsgiving public who have so answered the "appeals" made to them, that one out of every four people who are met in the street gets doctored and physicked every year for nothing—that is, is so far pauperised. Considering the chances that neither of the other three requires either doctor or physic, can we wonder that the medical profession is no longer a profession to get rich in, but only a profession for the rich. We have so recently discussed the subject, that we will not reiterate what we have often dwelt on. The evils of special hospitals, the waste of time on the part of the patients, and the waste of time and energy on the part of the practitioner who has to see and prescribe for a hundred or two of patients at a sitting; the bitter mockery of charity in the guinea subscription by which people get all their servants, including the governess and their poor relations, doctored; these and many like features of the case are only too familiar to medical practitioners, who know to their cost that it is too late for them now to attempt to remedy it. Disunited on this, as on almost every other subject, the profession will not, if they could, join to put down all unnecessary and questionable hospitals and dispensaries, and let any young surgeon or physician chivalrously determine to lend no helping hand to the present system, and he must prepare to be more or less shelved for life, as "no worker," and "not connected with any hospital." The fact is, that the only remedy which can check the evil is one which will be surely and certainly applied, if the eyes of the public once get enlightened. When subscribers really learn that their benefactions go to *demoralise the population, to encourage idleness*; oftentimes to spread by contagion, disease; to foster too often quackery in place of legitimate medicine; and to injure the ordinary members of a profession, second to none other in learning and utility, we believe that the advertising columns of the *Times* will not be found

so productive. We, therefore, were heartily glad to see the admirable letter of Mr. Holmes Coots in the *Times* of Wednesday. But equally valuable, we think, is a letter which appeared in the next day's paper from the Rev. Brooke Lambert, vicar of St. Mark's, Whitechapel, because he acknowledges that "the receipt of medical relief is to many the first step towards the receipt of other relief." This is a truth which has, so far as we know, had hitherto no expounder out of the medical profession, and we are heartily glad to find it thus enunciated. Mr. Lambert argues in favour of the taxation of hospitals up to their full annual value, *because they tend to increase pauperism*. Of course, in all that we have said, we do not attack anything more than the modern system of multiplying these institutions in the supposed interest of medical aspirants—of floating reputations on special hospitals specially built for the purpose—in fact, of all the evils which arise from the degradation of that noble thing and word, charity, to private ends. Our time-honoured London hospitals, and several of the recent ones in neighbourhoods where they supply a real want, require no eulogy from us, and are not included in our remarks.—*Medical Times and Gazette*.

STRICTURE OF THE OESOPHAGUS AFTER SWALLOWING CAUSTIC POTASH: GASTROTOMY PROPOSED, BUT NOT PERFORMED.

By JONATHAN HUTCHINSON, F.R.C.S.

THE case recorded is that of a lady who drank by accident some fluid in a tumbler, and which, although resembling porter in colour, was, in fact, a substance consisting chiefly of caustic potash in a state of deliquescence, and used by distillers. The lady's husband also tasted some of the fluid, and finding it to be very caustic, supposed it to be sulphuric acid; and the medical attendant who was called in, being informed that sulphuric acid had been swallowed, administered magnesia and milk, of course without much benefit. The lady and her husband both suffered from soreness of the mouth and throat for some days afterwards, but in three weeks they were very much better, and the husband entirely recovered, but in the lady the symptoms of a contracting stricture of the oesophagus were gradually developed. She was unable to swallow anything except the thinnest fluids, and only in very small quantities. Bougies were employed, and two strictures were encountered, the first being passed, but the other being impassable. When Mr. Hutchinson was called to see the patient, she appeared to be rapidly sinking, and could swallow nothing. He again tried bougies of various sizes, after the lady had been placed under the influence of chloro-

form; but although the upper stricture was easily passed, the lower one was impassable even by a No. 8 catheter. Under these circumstances, and under the impression that the patient would inevitably sink unless some decided steps were taken for her relief, Mr. Hutchinson proposed the operation of gastrotomy, to which proceeding assent was readily given, and the next day was fixed for its performance.

Fortunately, however, the lady became so much better in the interval, that the operation was delayed, and during the succeeding week she continued to improve in the capacity for swallowing, and took daily fair quantities of food. As time advanced, her condition still continued to improve, and without any use of bougies she took fluid nutriment perfectly well. A year after the proposal of the operation the lady was in better health than she had enjoyed for many years, although she still suffered from the stricture, and she could swallow solids only when carefully minced. She had also gained two stone in weight. Mr. Hutchinson candidly observes that this lady had a very narrow escape from a very dangerous operation, although he contends that its recommendation was fully warranted by the prevailing rules of surgery. He states that the case made so great an impression on his own mind, that he cannot conceive any circumstances which could in future induce him to abandon the bougie and resort to gastrotomy. He also takes occasion to observe that there are several other surgical procedures of a very dangerous nature, which are sometimes resorted to with fatal consequences, and which might be advantageously omitted, not only without danger to the patient, but probably to his great advantage, and the saving of life.—*Medico-Chirurgical Review*.

ON CARBOLIC ACID AS A REMEDIAL AGENT.

By DR. W. KEMPSTER, Utica, N.Y.

DR. KEMPSTER has made a number of experiments in reference to the therapeutic value of carbolic acid, and the results have been very satisfactory. He recommends that the crystallized acid should be employed in preference to the ordinary acid, which is found in the market as a dark-coloured liquid. Dr. Kempster has used it in catarrh where the discharge was very offensive, and it not only removed the foetor, but in the course of two or three inhalations, it changed the character of the discharge, and effected a cure. The proportion was one grain to an ounce of water. In cases of ozena, nasal polypi, and diseases of the nasal passages with offensive discharge, it has been used with great success. He has also employed it with success as a gargle in scarlatina with ulcerated

throat, and he suggests that it might be used with advantage in ordinary cases of sore throat and in diphtheria. In the State Lunatic Asylum of Utica it is successfully used, in the dose of a drachm of a solution of one grain to the ounce, to relieve cases of sluggishness of the bowels accompanied by offensive breath. It appears to possess the power of arresting fermentation, and is, therefore, serviceable in cases of yeasty stomach, attended with flatulence and expulsion of gas; and it therefore seems likely to be useful in cases of sarcina. As an external application the acid possesses valuable properties, and is extensively used on the Continent of Europe as a dressing for various wounds. In the form of ointment, in the proportion of five grains to an ounce of simple cerate, it corrects the odour attendant on cancerous discharges, and when mixed in larger proportions it destroys such parasites as the *Acarus scabiei* and the *Pediculus capitis*. As a remedial agent in skin diseases it seems to possess decided advantages, and Dr. Kempster mentions a case of tinea capitis which rapidly yielded under its use. Dr. Kempster also confirms the opinion generally entertained of the disinfecting power of the acid, and recommends it as a safe and effectual deodorizer. It appears to arrest the development of the lower forms of animal life, it stops the fermentation of yeast, and kills microscopic infusoria and cheesemites. Dr. Kempster found that it also destroyed larger animals, as crickets, mice, and rats.—*British and Foreign Medico-Chirurgical Review*.

CONDITION OF SEMEN IN DISEASE.

M. LIEGEAIS, at the last meeting of the Société de Chirurgie, concluded a paper on the "Condition of Semen in Disease" in these terms:—

"1. All men in good health, whether adolescent, adult, or aged, having neither anomalies, vices of conformation, or any traces of former affections of the organs of generation, have in their semen spermatozoa, the material elements of fecundation. 2. Acute, chronic, or constitutional diseases, unconnected with the genital organs, do not seem to exert any influence on the spermatic secretion in the adult by giving rise to azoospermia. In aged persons, on the other hand, this is a frequent consequence. 3. Blennorrhagic epididymitis, which is the most frequent of all affections attacking the internal organs of generation, almost always, when bilateral, definitively arrests all excretion of spermatozoa, and thus leads to sterility. When unilateral, it induces sympathetically a diminution in the functional activity of the other testicle, diminishing the amount of spermatozoa furnished by this, and thus exerting an injurious influence on the fecundating properties of the semen. Epididymitis, whether unilateral or bilateral, which does not

arise from blennorrhagia, is far from exerting so injurious an influence on the secretion and excretion of spermatozoa. 4. Affections of the parenchyma of the testicle are always very serious in relation to sterility, whether affecting only one or both of the glands. Of all such affections, chronic syphilitic orchitis is the one concerning which most is to be hoped for, for the infertility which generally it gives rise to may be remedied by appropriate treatment. 5. Peritesticular, periepididymary, and perideferential lesions do not seem to exert a notable influence on the spermatic excretion, with the exception of varicocele, which, when it has attained a certain degree, leads to atrophy of the testis and consequent aspermatozoa. 6. Spermatorrhœa, as a general rule, does not modify the spermatic secretion; but in some subjects aspermatozoa may exist without their having attained the degree of marasmus that often leads to this condition."—*Medical Times and Gazette*.

THE LOCAL TREATMENT OF CROUP BY LACTIC ACID.

DR. WEBER, of Darmstadt, has recently been employing *lactic acid* in croup, to the use of which he was led by noticing its remarkable power of dissolving fibrinous exudations. In the first instance he adopted it to clear away the croupal membranes which collected in the canula after the performance of tracheotomy. The beneficial effects were so great that he proceeded to apply it locally before attempting to operate, and although he receives many cases of this disease into his wards he has never had any occasion since commencing its use to open the trachea. The mode of application of the lactic acid is by means of the inhalation (spray?) apparatus, from ten to twenty drops in half an ounce of water, being inhaled at first every half hour, and then in proportion as the breathing is relieved, the quantity being reduced from ten to five drops in the same quantity of water. He never found it requisite to continue the remedy for more than twelve hours. Usually after the application had been repeated for a few times, he discontinued it, and replaced it by strong camomile tea. The eyes and other parts of the face must be carefully protected from the steam, or its cauterising effect becomes immediately apparent.—*Lancet*.

CESSATION OF QUARANTINE.—The Government of New South Wales has lately revoked the regulations issued in the early part of the year on account of the existence of small pox in Victoria, by virtue of which all vessels arriving from this colony were subject to quarantine.

MEDICAL CHARITY.—A recent correspondent, in an able letter to the *Brighton Daily News* (Eng.), shows that medical charity is one of the causes of the perpetuation of pauperism.

WOUNDS FROM THE CHASSEPOT RIFLE.—M. Legouest, reviewing some papers upon this subject by MM. Sonrier and Deslongchamps in the *Revue de Med. Militaire*, and availing himself also of other sources of information upon the subject, arrives at the following conclusions:—1. The accidents to which the soldier is exposed by this mode of loading his rifle are very few, and they will doubtless disappear with improvements in the procedure, and when the riflemen have become more careful and more expert in handling the new weapon. 2. The experiments and observations which have been made in France as to the wounds produced by the Chassepot are not sufficiently numerous to allow of its being affirmed that these effects are more serious and more extensive than those ensuing from the old rifled musket. That they should be so is on the one hand contradictory to theory, and on the other to the results observed at Vienna on the wounded Austrians and Saxons after the battle of Sadowa—the ball of the Chassepot being of the same description as that of the Prussian needle-gun. 3. The Chassepot is one of the most redoubtable of weapons, because it produces, militarily speaking, a highly useful effect, i.e., putting a great number of men *hors de combat* in a very short time. It is to be expected that in future the discharges will be far more numerous on the field of battle in a given time, but happily the wounds will be less serious than when the troops were armed with carbines and the former rifled muskets.—*Medico-Chirurgical Review*.

GRATUITOUS MEDICAL ADVICE.—We regret to say that the abuse so severely animadverted on in the following extract from a leading article in the *London Times* of the 10th May flourishes with rank luxuriance in Melbourne:—"It is not pleasant to find that half our people, even in this wealthy and thriving metropolis, are what we must take the liberty to call beggars, and rather unconscionable beggars. It is not pleasant to find that people living in good houses, receiving fair wages, enjoying many comforts and luxuries, dressing well, taking holidays and outings, indulging in free opinions, and hoping to rise in the world, are not ready to pay for the necessities of life—as medicines certainly are—if they can get them for nothing. It is not pleasant to find them thinking nothing of the injustice done to the public, and particularly to the medical profession. It is not pleasant to find the medical profession itself subject at once to a colossal injustice in an exceedingly inadequate payment at a pauper scale, and to a vast mass of monopolies in the form of official and privileged positions."

TREATMENT OF EPILEPSY.—In a recent communication to the *Medical Times and Gazette*, W. Tyrrell, Esq., M.R.C.S., of Great Malvern, speaks very favourably of the value of strychnia in certain

forms of this frequently intractable disease. This gentleman has found strychnia of most service in the asthenic form of epilepsy characterised by exalted nervous sensibility and general debility. In the same journal, Dr. Althaus relates several instances in which galvanism was applied with success in the treatment of epilepsy attended with epileptic *aura*.

CONTINUOUS GALVANIC CURRENTS IN THE TREATMENT OF CARDIAC PARALYSIS CAUSED BY CHLOROFORM INHALATION, ETC.—MM. Onimus and Legros propose the following plan of treatment:—"It suffices, when the respiration has become arrested, to apply the poles of a constant and continuous electrical apparatus, the one (negative) being placed in the mouth, and the other (positive) in the rectum; the respiration and the circulation will immediately reappear." These authors also assert that, in all cases where cardiac and respiratory movements have been arrested, the blood not having suffered any very decided alteration, and especially in the accident due to chloroform or to simple syncope, the employment of constant and continuous galvanic currents excels all other methods of treatment.—*Edinburgh Medical Journal*.

VITAL STATISTICS OF MELBOURNE AND SUBURBS FOR AUGUST, 1869.—The population of the Metropolitan district, according to the last census, was 140,000; the present estimated population is 175,000. The total deaths during the month amounted to 271, of which 159 occurred in males, and 112 in females. The deaths of those under five years were 96; and of those over five years, 175. The deaths during the same month for the preceding ten years averaged 249. The mean temperature of the month was 51.4. The average mean temperature of this month for the preceding ten years was 49.7. These statistics would be more valuable and complete if the births for the month were also given.

MEDICAL REGISTER.—The names of the following gentlemen have been added to the list of legally qualified medical practitioners in Victoria:—John Holden Webb, John Wise Wilson, Ernest Magnus Wuth, and William Harte Miller, Esqs.

Notice to Correspondents.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MARRINA, AND Co., 72 Little Collins-street East, Melbourne.

DIPHTHERIA.—The great majority of the profession are of opinion that this disease is contagious, although its power of contagion is not very intense; that it is, in fact, only transmissible by direct communication with the sick. Some, however, deny that it is contagious, while a few maintain that it can only be communicated by means of actual contact with the secretions from the throat.

Original Articles.

MINERAL WATERS, THEIR CHEMICAL COMPOSITION AND THERAPEUTIC EFFECTS.

By JOHN MURRAY, M.D., M.R.C.S.E.

THE subject of mineral waters is an important one, from their use in the treatment of various diseases. My object is not at present to go into the general therapeutic question, but to confine my remarks to the saline class, and to the use of one very active ingredient always present in them, with an explanation of the difficulty experienced in accounting for their power from the results of their analysis, and suggesting a mode of their artificial manufacture.

Having resided for some time in the village of Ilkley, in Wharfedale, Yorkshire, along with a friend in delicate health, who had resorted thither to a mineral spring that was much frequented by invalids from the surrounding country, I had the opportunity of seeing numerous instances of the cure of strumous affections effected by the use of the water.

This spring gushes out from the side of one of the Yorkshire moors, about 300 or 400 feet above the beautiful valley of the River Wharf, near Bolton Abbey. The water flows out with great force in large volume, and is very cold even in summer. There are three modes in which the water is used:—by drinking it largely, by bathing, and by the douche or jet so long as it can be borne.

My father analysed it by the usual mode then in use, viz., by evaporation and separation of the salts deposited, and found it to be remarkably pure, containing only one part of solid matter in 2000 of the water, and this consisted of sulphate of lime and muriate of soda.

From this composition my father was much perplexed to account for its great power in dissipating strumous tumours, and healing long-standing ulcers. So great were its powers in this respect, that large numbers of patients came to reside for weeks and months, and went away cured. In consequence of this, a large hydropathic establishment, that of Ben Rhydding, was formed some years ago, in the vicinity of the spring.

Reflecting on this subject, it occurred to my father that the salts obtained by evaporation were not in chemical composition necessarily the same as in the water, but that their elements were present in a different state of combination, forming two active medicinal remedies, viz., muriate, or hydrochlorate of lime, and sulphate of soda, which he inferred could exist as such in a very dilute solution, but not in a strong one, and that the removal of part of the water by evaporation caused

them to react on each other, and thus produce the insoluble and inert sulphate of lime and inactive muriate of soda,—salts, having no therapeutic qualities.

This conjecture at once clearly and satisfactorily explains the active curative powers of the spring.

It may be urged that there is no proof of such interchange of acids and bases taking place during the analysis. To this it may be replied, that very strong analogical reasons are in its favour, besides, actual experiment proves it.

In the first place, it is proved that, in many cases, the compounds obtained from a mineral water by evaporation cannot be dissolved in the same quantity of pure distilled water. A clear proof that they did not pre-exist in that state of combination. It is also a fact that, in the use of sea-water in steam-boilers, sulphate of lime is not deposited until a certain point of concentration is attained, when the whole sulphate is at once thrown down; while, had it pre-existed, from its sparing solubility, viz., 1 in 500 of water, it would have begun to deposit from the beginning of the evaporation.

In writing my thesis on mineral waters for the degree of M.D., it occurred to me to make a conclusive experiment on this point. As there is no mode of directly proving the existence of the aforesaid original salts, I had to take two others in which this could be done; and these are carbonate of soda and muriate of lime, still more incompatible. I therefore dissolved three equivalents of carbonate of soda in a pint of distilled water, and added the same quantity of chloride of calcium. No precipitate took place—the salts remaining in their normal state, as proved by the fact of blue vegetable colours being rendered green, and yellow turned brown, by the alkaline carbonate; and litmus-paper, reddened by an acid, had its blue colour restored. On concentrating the solution by evaporation, a precipitate of insoluble carbonate of lime was thrown down, and muriate of soda obtained by evaporation to dryness, the solutions being neutral.

It was thus proved that the salts could exist in their original state of combination in the pint of water, but had mutually reacted on each other by decomposition, and formed two new salts in consequence of the removal of part of the water, as in the course of the analysis by the old mode of separation by evaporation.

The principle, then, on which the ingredients of a mineral spring should be determined is to ascertain the percentage of the acids and bases by reagents, and then to arrange them in the state of their most soluble salts. On applying this principle generally to mineral waters, a clear and satisfactory explanation was obtained of the cura-

tive powers of many which could not otherwise be accounted for from the inert and insoluble compounds inferred to exist in them. From this circumstance, the profession generally referred the benefits from their use to change of air, exercise, and freedom from cares. These, no doubt, had their influence, but in many diseases the beneficial effects were so decided that no such explanation could be held.

From the chemical principle now laid down, it is obvious that we have the means of artificially manufacturing all the most celebrated mineral waters of Europe, etc., of which the analyses have been published.

Now, as to the medicinal effects of this Yorkshire mineral spring, principally resorted to by patients labouring under scrofulous tumours and ulcers, during my residence in the locality of the spring I saw numerous cases of tumours dissipated, and long-continued obstinate ulcers entirely healed up. My father, on his return to Edinburgh, published *Observations on the analysis of the water, giving his view of its composition and medicinal effects*, in a paper read before the Royal Society of Edinburgh, and referring its therapeutic effects to the muriate of lime solely. From this period muriate of lime came into use as a remedy for such complaints, but for some time without any benefit, when my father, in his "*System of Materia Medica*," pointed out a serious mistake in its administration—that of giving it in too strong doses, by which it was carried away by the bowels as a laxative, instead of acting constitutionally. It was soon found that by giving small doses much diluted, its peculiar curative powers were at once apparent. Not more than ten drops of a cold saturated solution in a tumbler of water should be given twice or thrice a day, and persevered in for a month or two. In Edinburgh I have seen many severe cases, both of tumours dissipated and malignant ulcers healed up.

DIPHTHERIA.

By JAMES A. MARTIN, M.D., OAKLEIGH.

THIS insidious and often fatal disease breaks out now and again with marked virulence in different districts throughout Victoria. Lately I had to deal with it, in a very dire form, in the family of a well-known gentleman, an ex-member of the Legislative Council, three of whose children were carried to an early grave by its poisonous potency. I say poisonous, because, in two out of the three cases, the symptoms of blood poisoning were definitely and distinctly marked.

Diphtheria occurs, as the profession are well aware, epidemically and sporadically. When it is epidemic, I can trace its coming to this district from the west and south-west districts of St. Kilda, Prahran, South Yarra, etc. I have never had a

case from the opposite quarters arising idiopathically.

Its first epidemic outbreak was in Holland and other parts of Europe, in the year 1837; it reappeared in Spain in the seventeenth century, and in later years invaded France and America. It has been known as a fatal disease in England, and wherever population has settled from these countries, there diphtheria has made its appearance.

In this colony we have had several outbreaks of this disease, but they have been for the most part sporadic in their nature; and some families, when attacked by the disease, have suffered terribly.

This disease has also been observed to be a sequela of measles and scarlet fever, and this I attribute to the debility, which in these diseases is left behind, in the majority of instances. I believe this malady will be found to attack the constitutionally weak—children of strumous diathesis—if it be lurking in the neighbourhood. It is quick to invade the throats of children, who are suffering from low continued fever. Whether diphtheria be endemic, sporadic, or idiopathic, there can be no doubt that we can trace its origin to the inhalation of morbid matter from the atmosphere, through the decomposition of decaying animal substances; it spreads itself with marked rapidity in densely crowded communities, or filthy habitations; the same laws which regulate the dissemination of fever poisons in general, operating on susceptible, scrofulous children, whose throats and mucous membranes are the chief source of anxiety and care to parents and physicians.

The changeable nature of our Victorian climate, especially in spring and autumn, the respiring of poisonous exhalations emanating from the wet soil, improper clothing, neglect of proper hygienic conditions, and colds, open the door to this formidable intruder, and, in too many instances, our best efforts are unavailing.

The three following cases, in the treatment of which I had the valuable assistance of Dr. Lempriere, occurred in the family of the gentleman to whom I have previously alluded.

Case 1st. Charles ———, set 5 years, first called to see him on the 31st May last, near Dandenong Creek, about seven miles from Oakleigh, whither the family had removed from St. Kilda. On my arrival, I found this boy was labouring under the disease in an aggravated form, affording no hope of recovery. The tonsils, uvula, and fauces, were covered over with exudations of a dirty grayish appearance, purplish in colour posteriorly; false membrane was occasionally detached along with the sputa. The nose was blocked up, and offensive matter was discharging therefrom; the respiration was hurried and oppressed; the countenance livid, the pulse

small and thready, and symptoms of congestion of the brain and lungs were setting in.

Dr. Lempriere, the family medical attendant, having been previously consulted relative to the disease—when one of the family was, some time before, attacked by the same complaint—the boy's mother had applied, previous to my arrival, sulphurous acid to the throat, had given beef tea, and the bowels of the child had been regulated.

Having applied nitrate of silver to the affected parts, I ordered brandy, chicken broth, and beef tea, to be plentifully given at stated periods. At this time my attention was called to this boy's brother, Albert —, aged 4 years, but who had no aggravated symptoms at this time. I applied argenti nitras to his throat also, prescribed him an alum gargle, and a mild aperient, directing stimulants and nourishment to be kept up.

Next day, June 1st, 1869, found the younger patient worse; exudation increasing. Prescribed a gargle of carbolic acid and glycerine to the throat, and ordered brandy, etc., as before.

Charles — was also much worse. Forehead and eyelids swollen, the cellular tissue being filled with unhealthy serum going on to the formation of pus, and breaking out in sero-purulent blotches; false membrane was forming in the larynx, and difficulty of breathing was very marked. The whole of the fauces were much inflamed and swollen. Directed a gargle of carbolic acid; gave chlorate of potass and iron internally, and beef tea or chicken broth to be given as before. But the boy died before my next visit.

Found Albert — fast sinking. To continue the medicines, gargle, and stimulants, as before; but this patient also expired before my next visit.

Case 3.—Alfred —, age fourteen years, suffering from the first symptoms of the disease—inflammation of throat, difficulty of swallowing, glands of the throat enlarged; had rigors, thirst, and quick pulse. Had the assistance of Dr. Lempriere in consultation. Strong alum gargles were directed. Painted the throat internally and externally with iodine. Ordered chlorate of potass and iron with a gentle aperient.

June 4. Alfred no better. Ordered to be removed to my house at Oakleigh, as we suspected some morbid agency was at work through the pulling down of some old outhouses, containing in the debris dead animal matter, the exhalations from which the children breathed when amusing themselves among the ruins while the work was going on. The dwellinghouse had also been shut up for years. I believed, and so also did Dr. Lempriere, that for a time it were better if the family were all removed to St. Kilda.

June 5th.—Alfred — came to my house at

Oakleigh, but the disease increased in virulence and in spite of treatment was likely to terminate fatally. I sent for Dr. Lempriere, who came between one and two a.m. of the 6th June, and we performed laryngotomy; but this patient also sank and died.

From these cases and other experience I have no doubt of the contagious nature of this disease. I would recommend immediate isolation of those affected, and that their strength from the very beginning should be supported by nourishment and stimulants.

In my practice the best results have been obtained from the application of nitrate of silver to the fauces, the maintenance of proper ventilation, the exhibition of potassæ chloras, sulphurous acid, and tincture of iron, gargles of alum or hydrochloric acid; chicken broth, beef tea, brandy, or wine, as circumstances arise, and gentle aperients. No depletion can be borne in this disease. Our great reliance must be on pure air, good nourishment, by the mouth, if it can be so taken, if not by injection per rectum or by the nose.

In threatened cases, or where the disease is lurking in a neighbourhood, wearing a piece of new flannel well fumigated with burnt sulphur around the throat and neck will be found useful.

CASE OF COMPOUND COMMINUTED FRACTURE OF THE SKULL—TREPHINING AND RECOVERY.

BY EUSTACE H. L. PRATT, M.D., M.R.C.S., ENG.

On the 3rd March, 1869, whilst in temporary charge of the practice of Dr. J. T. Robinson, of Clunes, I was called, at 4 a.m., to see Henry Rowlands, a large, powerful miner, who, whilst standing at the bottom of a mining shaft, had been struck on the top of his head by a piece of falling wood.

On my arrival at the man's cottage, I found him in strong convulsions, three or four men holding him with difficulty on the bed, profuse venous hæmorrhage was issuing from a large open wound of the head. On examination, the wound proved to be nearly one and a half inches in width, by two inches in length, and almost equally deep; two large pieces of the right parietal bone, each over an inch in length (which I have preserved), were deeply and firmly impacted under the edge of the frontal bone; the longitudinal sinus was completely torn through, and a portion of the right hemisphere of the brain lacerated and exposed. Altogether it looked a very hopeless case. The convulsions being succeeded by profound coma, and the hæmorrhage very great, I determined to remove the depressed bone, if possible, by immediate trephining, as the only and remote chance of saving the man's life.

The valuable advice of Dr. Rose, of Clunes, having been obtained in consultation, that gentleman agreed with me in the propriety of immediately trephining. Assisted by Dr. Rose, I at once performed the operation, and removed, with a Hey's saw, a triangular piece of the frontal bone, about one inch long, when, with some difficulty, I was enabled to remove all the depressed portions of bone. Only two small arteries required tying. On the removal of the bone, the man immediately recovered his consciousness, and asked where he was.

I kept the head covered with bags of ice for a week; and during the first forty-eight hours after the operation, I bled him twice to thirty ounces—inflammation threatening. Afterwards I used water-dressings to the wound; two or three small pieces, or rather spiculæ of bone, coming away in the first three weeks with the pus. Two months after the accident, this man was able to take a daily walk through the town, and the wound was almost completely healed.

This case is remarkable, and, perhaps, worth recording, from the very serious nature and extent of the injury to the brain, and from the very quick and satisfactory recovery. The operation occupied an hour and a half. For three weeks, a portion of the brain, as large as a five-shilling piece, was exposed. The observations I made on the circulation, both during the time of sleep and wakefulness, I may possibly send you at a future day, as a small addition to the admirable series of papers on the same subject, by Mr. Durham, of Guy's Hospital.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the "Australian Medical Gazette.")

ON ABDOMINAL PRESSURE, LABOUR. BY DR. H. PLOSS, OF LEIPSIG.

AFTER reviewing the essays of Rigten, Martin, and Crede, Dr. Ploss describes the plan adopted by Kristella. The woman lying on her back, the accoucheur standing on either side, separates the womb from the other organs; places it if possible in the direction of the superior axis of the pelvis; then grasps the organ, the palm of each hand pressing against the fundus and sides, but not below its superior half, and spread out, so that as much of its posterior part is grasped as possible. The hands should be placed on the same level, and at first the womb should not be very strongly pressed, but the force may be gradually increased, kept up for five or eight seconds, and then gradually relaxed, from half to a minute's interval being allowed. He considers the pressure to act in two ways: first to invoke uterine contractions; and secondly to assist the expulsive efforts. He

considers that *vis a tergo* is the only means employed by nature to cause the expulsion of the fœtus. This plan, he says, is superior to either Secale Cornutum, or the use of instruments. The indications for its use, are feeble uterine contractions and feeble action of the abdominal muscles. It may be used either with or without bandaging the abdomen. When used, the pressure should be applied methodically and in the manner described.

The value of pressure has been long known to English accoucheurs in labour attended by defective action of the womb. The translator has seen the plan advocated by Ploss, used by the woman herself, and by the nurse. The woman standing up, pressed her head against the wall, fixed her feet firmly, and with the hands spread out, pressed against the fundus and sides of the womb. This excited and increased the expulsive efforts. When she was unable to press, from the severity of the pain, the nurse stood behind the patient, passed her arms round her, and pressed on the womb.—*Zeitschrift für Medicin, Chirurgie und Geburtshilfe, and Schmidt's Jahrbücher.*

HYPODERMIC INJECTION OF MORPHIA IN STRANGULATED HERNIA. BY DR. RAVOTTI.

IN several cases which this gentleman reports, the reduction of the hernia was greatly facilitated by the subcutaneous injection of morphia before attempting reduction. He thinks it should be tried in all cases before having recourse to the knife.—*Berliner Klinik. Wochenschrift.*

ON THE EMPLOYMENT OF CHLORAL AS AN ANÆSTHETIC.

CHLORAL, obtained by treating anhydrous alcohol with dry chlorine, as a thin, oily, colourless liquid, has been discovered by Dr. Leibrich, of Berlin, to be superior to chloroform as an anæsthetic, whether inhaled, given by the mouth, or injected under the skin. A patient, suffering from fracture of the arm, was seized with delirium. Large quantities of opium had been given, and morphia injected under the skin, without effect. A few drops of chloral were given by the mouth and injected under the skin, with immediate relief, the patient falling asleep for several hours.—*Ibid.*

ON THE SUBCUTANEOUS INJECTION OF THE PREPARATIONS OF MERCURY IN SYPHILIS.* BY DR. F. BRICHETEAU.

THIS gentleman lately read a very valuable paper on this subject, before the Société de Thérapeutique. He states that the first essay on the use of mercury in this manner was published by M. Scarenzio, of Pavia (An. Univ. di Medicina, 1864.) He gives the preference to calomel, as it does not produce, when injected, like the bichlo-

* John Hunter employed mercurial injections. I have not a copy of his works at hand to refer to.—TRANSLATOR.

ride, gangrenous inflammation. He employs from twenty to thirty centigrammes of calomel suspended in one gramme of water, with the aid of a little glycerine or gum. He used it in eight cases, in seven of which a cure was effected. Immediately after these cases were published, Dr. Ambrosoli, of Milan, used it and the oxides in sixteen cases, fourteen being cured, one being unsuccessful, and in only three a relapse took place. Recordi and Monteforte employed calomel with the same results as Scarenzio. In the cases treated by Scarenzio, in the latter part of 1865, the bichloride was used in some cases without any bad results, but in others it produced deep escars; but with calomel and the oxides of mercury, as employed by Ambrosoli, the irritation was limited to a small abscess. In a case in which eight centigrammes of calomel were injected under the skin of the arm, Dr. Casati states (Ippocratico, 1867) that a large abscess was caused, and with it there was severe gangrenous stomatitis. The patient's life was in danger for several days.

Lewin, of Berlin, has published a voluminous work on the subject. He injects the following solution:—Bichloride of mercury 0.25 centigrammes, distilled water 30 grammes. A more concentrated solution was apt to produce troublesome results. When using it in delicate persons he adds morphia and glycerine. The minimum dose of bichloride was one-eighth of a grain, less if it produced irritation. The sides of the chest, back, and posterior part of the arm he advises as the best places to use the injection. With this dose it is rare to meet with any irritative effect—not oftener than two to three times in a hundred cases—and then only in the cachectic. He found that about sixteen injections to each case was the average, one injection a day. Three grains were sufficient to effect a cure.

In 144 cases (males), mercurial stomatitis occurred in 51,—being 35 in the 100.

In 556 females, 144,—26 in the 100.

In 107 cases treated with injections of the bichloride alone, in 24 a relapse occurred,—22 in the 100.

In 58 cases treated first by sarsaparilla and sudorifics, and then by the injection, a relapse occurred in 19,—30 in the 100.

In 24 cases treated simultaneously with sarsaparilla, sudorifics, and injection, a relapse in 7—33 in the 100.

In 60 cases treated by the injection of the corrosive sublimate and iodide of potassium, 14 relapses,—23 in the 100.

In the cases treated by ordinary means, the relapses amounted to 81 in the 100.

Lewin claims the following advantages for the subcutaneous injection of mercury:—

1st. That the syphilitic symptoms disappear

rapidly, and that the rapidity of cure is hastened by the quantity daily injected. From half to three-fourths of a grain he advises to be employed daily, in two injections. Iritis treated in this manner was cured in from five to seven days. The same result was obtained in the obstinate forms of the disease, and in sore throat.

2ndly. Diminution of relapses.

(To be continued.)

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

ST. PATRICK'S SOCIETY.

DRS. GARRARD AND BROWNLESS *versus* DR. MCCARTHY.

Professional Amenities and Enterprise.

ST. PATRICK'S HALL,
Melbourne, October 14, 1869.

Sir,—I am directed by the Committee of Management to acquaint you that Dr. McCarthy is no longer Medical Officer to this Society, and that Dr. Brownless and Dr. Garrard are now engaged to discharge the duties of Medical Officers. I have, therefore, to request that you will be good enough to signify to me which of those gentlemen you wish for the present to attend you and your family. Should you at any future time desire to change from one medical officer to the other, you can do so by intimating the same to me at least seven days prior to the 1st of the ensuing month, when the alteration will take effect.—I have the honour to be, Sir, your most obedient servant,

S. V. WINTER,

Secretary S. P. S.

Dr. Brownless's address is 41 Albert-street. Dr. Garrard's, corner of Collins and Spring-streets.

To the Editor of the Australian Medical Gazette.

SIR—As my name has lately appeared on several occasions in your journal in connection with the St. Patrick's Society, I beg that you will afford me space to lay before your readers the real state of matters. The credit of the profession demands that I should be no longer silent.

The internal quarrels of the society can have no interest for your readers, I shall therefore dismiss that part by simply stating, that the president, vice-president, and members of committee, are elected annually.

To reduce my remuneration, and appoint another medical man along with me, but in reality against me, have been the war-cry of a small party in the society for the last two years. The great majority of the members did not desire either; but, at length, a few—some of whom were acted upon and influenced in various ways—formed a small faction, and engaged Dr. Garrard's services, for about one-third less than I have been

receiving the last six years from the society. I called on Dr. Garrard and informed him of the above, to no purpose. This party held meetings at the Melbourne Tavern, and, by a clever but illegal manoeuvre, ousted every friend of mine from the committee, and proclaimed Garrard, at the reduced remuneration, and demanded of me before the expiration of twenty-four hours, to accept Garrard's reduced scale.

The ejected committee requested me to submit for a few weeks, till the annual election took place. When lo! another letter is sent to me, within two days of the first, stating that Dr. Garrard consented to a still further reduction, and to other degrading conditions. Other insulting letters followed; I then peremptorily refused any reduction, to acknowledge this illegal committee, or to sign a new agreement, such as Garrard signed, by which I would bind myself not to appeal to the general body—a right conferred by the rules, this I absolutely refused to do.

They then gave me a *six days* notice, dispensing with my services (the engagement being yearly), and appointed Dr. Brownless, who commenced his duties before the expiration of the six days, on the same terms I understand as Garrard. This is not all. On the 4th inst., Dr. Garrard's appointment is made public by a most degrading advertisement in the *Argus*, notifying to the members that they may have a monthly choice of Dr. Garrard or myself! The result of the choice of the members in the first selection between Dr. Garrard and myself the committee most carefully concealed. The next manoeuvre, after this, was to proclaim by post and messenger that I am no longer connected with the society, the report being, that I had resigned, and that the members had no option but between Dr. Garrard and Dr. Brownless.

Some of the members were deceived and taken by surprise, but the majority were not, and will not have either of these gentlemen, though they contract to give their services for one-third less than I have received. I shall not add one word of comment further than to state, that both these gentlemen knew that I did not and have not given up my connection with the society, even though the society's druggist was ordered not to receive my prescriptions.

I now leave my medical brethren to judge of the treatment I have received at the hands of Drs. Garrard and Brownless; treatment which appears to me to be as derogatory to the status of an hospital surgeon as it is humiliating to the Vice-Chancellor of the Melbourne University, subversive of professional decorum, and a betrayal of our common interests.

What can be expected from the future medical graduates of a University, who see the ruinous system of competing for club practice recom-

mended to them by the pernicious example of a high official, whose pride should be to maintain a high code of professional honour. I hope that for their own sake the Hospital staff and the University will not hesitate to record their opinion of gentlemen whose conduct is calculated to reflect anything but credit on those bodies.—I remain, etc.,

CHARLES M'CARTHY, M.D.

Oct. 25, 1869.

P.S.—The new agreement which Drs. Garrard and Brownless have signed, among other conditions, requires each of them "to perform minor surgical operations, provide all splints and bandages, and to have another medical man to act in his stead whenever he cannot himself attend;" to be subject to dismissal at a month's notice, to bind himself to be in attendance at certain hours, examine patients for admission, give certificates, etc.—to do all this for *ten shillings* per member per annum, and another ten shillings for attending the wives and children of married members for twelve months!! in the very face of the fact that these members themselves are entitled to £42 per annum sick allowance, and £30 additional in the event of death, that is, £20 for member, and £10 for wife.—C. M'C.

A public meeting of the members of the St. Patrick's Society was held on the 19th inst., at the Western Port Hotel; one hundred members were present. The three following resolutions were unanimously adopted, and a deputation appointed to wait on the committee of the Society:—

1st.—That this meeting disapproves of the action taken by certain members calling themselves the Committee of Management of the St. Patrick's Society, in reference to the position of Dr. M'Carthy as medical officer, the members of the Society not having been consulted in regard to the attempt to remove him from office.

2nd.—That this meeting has the fullest confidence in Dr. M'Carthy, and is most anxious to retain his services as medical officer to the Society.

3rd.—That this meeting insists on the right of the majority of the Society to have a voice in the selection of the medical officer, and refuses to allow a few persons to make the selection for them without consulting them.

PROCEEDINGS OF

The Medical Association of Victoria.

The usual monthly meeting of the Association was held on the 8th inst., in the Board Room of the Melbourne Hospital. In the absence of the President, Dr. Stewart (on a visit to a neighbouring colony for the benefit of his health), the chair was occupied by Dr. M'Carthy, one of the Vice-Presidents.

Dr. Iflla was unable to be present, owing to severe indisposition. The reading of his paper on "*Tænia Solium*" was therefore postponed until the next meeting of the Association.

A resolution was adopted thanking Mr. Syme

for the valuable services rendered to the public and the profession by his spirited exposure of the Anthropological Museum.

A letter of condolence was directed to be forwarded to Mrs. Bowie, expressive of the deep regret of the members of the Association at the death of her husband, the late Dr. Bowie.

A new preparation, consisting of quina dissolved in spiritus ammoniæ aromaticus, containing two grains of the alkaloid in each fluid drachm, forwarded by Mr. Brown, chemist, of Russell-street, was submitted to the meeting. This preparation appears to be an elegant and convenient mode of administering a tonic in combination with a stimulant. The dose is the same as that of sp. ammon. ar. It may be prescribed in water or any suitable vehicle.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: SATURDAY, OCT. 30, 1869.

AFTER-DINNER speeches are seldom characterised either by common sense or good taste. The utterances of certain members of the profession at a convivial meeting on the 20th inst. were assuredly no exception to this rule. Although post-prandial orations are usually entitled to great latitude, we regret that, on the present occasion, we can not, in justice to the profession or to ourselves, permit the silly and pompous nonsense indulged in by some of the speakers at the late medical dinner to pass unchallenged, without the risk of exposing the medical men of Victoria to ridicule and contempt. We cannot allow the preposterous statement of the President of the Medical Society, that "Professor Halford is the equal of Harvey and Jenner," to go forth to the world without protesting against the degrading sycophancy which could think for an instant of comparing Dr. Halford to the illustrious discoverers of the circulation and of vaccination. What are Dr. Halford's claims to be ranked with Harvey and Jenner—men who, without any figure of speech, are universally acknowledged to be *real* benefactors to their species? Although Dr. Halford may be "on the eve of a great discovery," he has not yet discovered anything. It is true that he has proposed the injection of ammonia into the veins in cases of snake-poisoning. The injection of fluids into the circulation is, however, no novelty, it having been practised before Professor Halford

was ever heard of. The use of ammonia, both locally and internally, for the bites of venomous reptiles, has been known from the earliest times. Dr. Halford is certainly entitled to the credit of having proposed its direct injection into the system in the treatment of snake-bite; but so far as our present limited experience of that remedy extends, there is no proof that ammoniacal injection is of any value in the treatment of snake-poisoning; or that this mode of administering the drug is superior to others. In some of the few instances in which it has been employed, the patients have recovered; in other cases they died; and were the proposed remedy all that Professor Halford's warmest admirers fondly assert, even in that case there would be no justification for slighting the memory of the illustrious dead by elevating Professor Halford to the level of Harvey and Jenner.

In the instances wherein ammoniacal injection has been had recourse to, there is not a particle of proof that, in the successful cases, recovery would not have resulted from different treatment. Nor is there in the fatal instances anything to show that the injection of ammonia is not answerable for some of the results. The carefully-conducted and convincing experiments of Professor Fayrer, of Calcutta—some of the latest of which will be found in another column—prove to demonstration that, in the case of a *really venomous snake*, ammoniacal injection is utterly worthless. At best, Dr. Halford's treatment of snake-bite is not superior to the nostrums of Underwood and his quondam protégé, Shires; numerous alleged recoveries having resulted from the application of their remedies.

We would not willingly, however, deprive Professor Halford of a particle of credit to which he may be justly entitled; we therefore freely admit that the stimulus consequent on ammoniacal injection may, in some instances, prove useful; but, at the same time, it appears to us that no professional man is justified in having recourse to it in the human subject, except as a last resort. It seems to us that Dr. Halford has much reason to complain of the conduct of the gentleman whose silly nonsense and inflated bombast have exposed his pretensions to ridicule.

The convivial gentlemen who dined at Scott's Hotel on Wednesday evening, having, in the first instance, extolled Professor Halford to the highest degree, proceeded to glorify the

"Medical School of the University, the Professors, and Lecturers." It must have been extremely edifying to witness one of the lecturers lustily blowing the trumpet on behalf of himself and his fellow labourers, modestly stating that "they had not yet turned out a man who was not fit for his profession." The entire number of medical students—on whom we have no desire to reflect—who up to the present time have graduated at this wonderful school amounts, we believe, to three, one of whom was subsequently rejected for the degree of doctor of medicine. It cannot be denied that several of the medical lecturers are men of "distinction," one of them has achieved no inconsiderable fame in the field of "gynæcology;" the pathological and ethical reputation of another is well known; the anthropological acquirements of one lecturer are unquestionable; and though last, not least, another lecturer has obtained distinction as the author of a popular work on "Female Physiology" for the special benefit of the fair sex. The style of this remarkable curiosity in medical literature, with which our readers are not perhaps familiar, may be judged of by the following quotations from a review of the work in the *Lancet*, of 5th August, 1854:—"Is it to be tolerated that a medical practitioner, a man above all others who should be imbued with true modesty, who of all men should help to preserve the young of both sexes innocent and undefiled in mind, that such a man shall unblushingly give to the ladies of England drawings of the vagina, uterus, various stages of labour, spermatozoa, etc.; shall put into their hands familiar and obscene descriptions of things which they should never hear of; that such an one should advise our wives to forward specimens of the vaginal discharge between two plates of glass, in order that they may be informed by return of post whether they are suffering from leucorrhœa or gonorrhœa?" The review concludes with the following:—"We have been nauseated with our task of perusing Dr. ———'s offensive volume, with its Maw-worm piety, and we now cast it into the wastebasket as the only proper place for it, having but this consolation—that no one out of Holywell street, with the exception of the author, will degrade himself by selling it."

Were it not for the transparent egotism of the gentleman who modestly boasted of "having so long conducted the only journal repre-

senting the opinion of the profession in Victoria," we would not have referred at such length, or perhaps at all, to the pleasant self-complacency of those gentlemen assembled for the apparent purpose of mutual glorification. Our silence might, however, have been construed into acquiescence in an expression of opinion calculated to cover with ridicule all who assent to it. Had Professor Halford and the medical lecturers at the Melbourne University abstained from the unprofessional practice of newspaper puffing; had they kept aloof from and discountenanced the degrading system of tendering for club practice; had they cultivated a high and honourable feeling in their intercourse with their professional brethren, it would have given us infinite satisfaction to render to them their due meed of praise. But on the contrary, with one solitary exception, we believe they have all been "club doctors;" not one has shown himself capable of taking a large and generous view of any question affecting the status or the welfare of the profession. As a climax, we now find that the Vice-Chancellor of the Melbourne University has embarked, under the auspices of St. Patrick, in this lucrative branch of medical practice. O Alma Mater! Alma Mater! to what extremities may we not come! The conduct of the Vice-Chancellor strongly reminds one of the language applied by the Roman poet to the defunct Trojan hero,

Hei mihi, qualis erat! quantum mutatus ab illo
Hectore, qui redit exuvias indutus Achillis.

Medical News.

INQUEST AT CARLTON.—On the 30th ult., the city coroner, Dr. Youl, held an inquiry, at Cardigan street, into the cause of death of a married woman named Catherine Welch, æt. 60, who appears to have died on the day the inquest was held. The jury found that the deceased died of serous apoplexy resulting from intoxication. Although this inquest was held in the immediate vicinity where Dr. Robertson and several other practitioners reside, these gentlemen were nevertheless passed over in favour of Dr. Neild, who resides nearly a mile off, in defiance of the express provisions of the Medical Practitioners' Statute.

SNAKE POISONING RECOVERY.—The *Warrnambool Examiner* of the 15th inst. contains some interesting particulars of a very serious case of snake-bite followed by recovery. It appears that a labouring man named John M'Nally was bitten in the leg on the morning of the 13th inst., near Warrnambool. The treatment adopted consisted

principally in the administration of brandy and ammonia, with excision of the bitten part. Three convulsive seizures—an unusual feature in these accidents—each lasting about ten minutes, occurred in this instance. Ammonia was about being injected into a vein, when an access of convulsions interrupted the operation. At eleven o'clock p.m., not quite fourteen hours after the bite was inflicted, the man was sufficiently recovered to take a little supper, and on the following morning he was able to walk about. Had ammoniacal injection been performed, and recovery ensued, there is no doubt that Professor Halford's journalistic patrons would have trumpeted the case over the length and breadth of the land as another wonderful proof of the great value of ammoniacal injection. On the *post hoc propter hoc* style of argument, recovery could be attributed, with great plausibility, to ammoniacal injection; and had he died, the unfortunate result could with equal safety be charged to the snake bite, not to the injection of ammonia—a line of argument as impregnable as Bellarmine's circle.

PROFESSOR HALFORD AND HIS TREATMENT OF SNAKE-BITE.—The *Argus* of the 6th instant, states that Sir Redmond Barry has succeeded in bringing Dr. Halford's plan of ammoniacal injection in snake-poisoning under the notice of the Indian Medical department at Bombay. The writer of the paragraph takes occasion to contrast the promptitude of the Bombay medical authorities with "the conduct of the Victorian Government who refused to recognise Professor Halford's discovery in any way." After the recent experiments of Professor Fayer, of Calcutta, one of the greatest living authorities on snake-poisoning, we have little hesitation in stating that ammoniacal injection is unworthy of confidence. Were, however, Dr. Halford's plan of treatment a *bona fide* valuable discovery, it would require neither government patronage, nor the indelicate and systematic puffing so perseveringly adopted on his behalf in the columns of the *Argus* and *Australasian* for the past twelve months. Had any medical man in England adopted such an unblushing system of wholesale advertising, he would have been quickly brought to his senses by the strictures of the medical press. Dr. Thomas, of Bourke-street, has had his name erased from the Medical Register, for advertising in a style scarcely more objectionable than that pursued by Dr. Halford, and his patrons in the press. Perhaps the learned Professor hopes that as the profession in England can boast of a Sir Henry Halford, he may, by continually keeping himself before the public, one day add to the number of doughty knights acclimatised in Victoria, the name of Sir George Halford.

DEATH FROM SWALLOWING CARBOLIC ACID.—An inquest was held before the city coroner at the Melbourne Hospital, on the 15th inst., on the body of a boy, named Horatio Bedell, aged four years, who died on the previous day from swallowing some carbolic acid, contained in a bottle which he had picked up in a right-of-way. When brought to the hospital, the child was insensible. Emetics and the stomach pump were resorted to, but without effect. Death occurred in about four hours after swallowing the acid. It does not appear from the evidence that any *post mortem* examination was made. When it is remembered that autopsies are frequently ordered in cases where they are entirely uncalled for, it is to be regretted that this course was not adopted in a case of scientific interest like the present.

AN amusing blunder occurred at an inquest held on the 16th inst., at the Melbourne Hospital, before Dr. Youl. It appears that an inquest was being held on the body of a child, which had been accidentally poisoned; but through some bungling, the body of a child which had been scalded to death was viewed by the coroner and jury, when a verdict was duly recorded, that the child, whose death had been occasioned by a severe scald had been poisoned. In the interests of public justice, we sincerely hope that blunders like this, calculated to bring coroners' inquests into contempt, are rare.

Medical Annotations.

THE VALUE OF THE UNIVERSITY DEGREES OF M. B. AND M. D. COMPARED WITH OTHER QUALIFICATIONS AS A TEST OF PROFESSIONAL KNOWLEDGE.

THE following returns from the Medical Departments of the Army and Navy, and from the India office, were laid before the General Medical Council (England), on the 3rd July, 1869. It is very remarkable that the Royal College of Physicians, London, the Apothecaries' Hall, Dublin, and the Faculty of Physicians and Surgeons, Glasgow, are the only medical corporations, none of whose licentiates were rejected; while out of four candidates holding the degree of M. D. from the University of Edinburgh, three were rejected. These returns are calculated to humble the pretensions of those members of the profession in this city, who in season and out of season are always impertinently harping on, and endeavouring to parade the great superiority of university qualifications over all others. When brought to the test of a searching examination, these empty pretensions are seen to be utterly unfounded. It is worthy of note, that the candidate most deficient in every branch of pro-

professional knowledge, was a gentleman possessing no fewer than three qualifications. It is mortifying to find that an M.B. of the University of London was unable to recognise a case of measles when presented to him.

ANALYSIS OF THE DEGREES, DIPLOMAS, AND LICENCES OF CANDIDATES FOR COMMISSIONS IN THE MEDICAL DEPARTMENTS OF THE ARMY, OF THE NAVY, AND OF THE INDIAN ARMY, 1868.

| | Examd. | Passed. | Rejected. |
|---|-------------------|---------|-----------|
| Licentiate of Royal College of Physicians, London ... | 1 | 1 | 0 |
| M.R.C.S. England ... | 23 | 16 | 7 |
| Lic. S.A. London ... | 14 | 11 | 3 |
| Lic. R.C.P. Edinburgh... .. | 36 | 23 | 13 |
| Lic. R.C.S. Edinburgh... .. | 33 | 23 | 10 |
| Lic. K. and Q. Coll. Phys. Dublin | 16 | 12 | 4 |
| Do. Mid. do. | 4 | 2 | 2 |
| L.R.C.S. Ireland | 23 | 17 | 6 |
| M.R.C.S. do. | 8 | 2 | 1 |
| Lic. Apo. Hall, Dublin... .. | 4 | 4 | 0 |
| Lic. Faculty P. and S. Glasgow | 2 | 2 | 0 |
| M.D. Univ. Glasgow | 3 | 2 | 1 |
| M.B. do. | 1 | 0 | 1 |
| M. Chir. do. | 4 | 2 | 2 |
| M.B. Aberdeen | 9 | 8 | 1 |
| M. Chir. do. | 9 | 8 | 1 |
| M.D. Queen's Univ. Ireland ... | 22 | 20 | 2 |
| M. Chir. do. do. | 13 | 13 | 0 |
| M.B. Trin. Coll. Dublin | 10 | 8 | 2 |
| M. Chir. do. | 7 | 5 | 2 |
| Lic. Med. do. | 1 | 0 | 1 |
| M.B. Univ. Edinburgh... .. | 6 | 6 | 0 |
| M. Chir. do. | 8 | 6 | 2 |
| M.D. do. | 4 | 1 | 3 |
| | 256 | 192 | 64 |
| These returns are gathered from the | No of candidates. | Passed. | Failed. |
| Army Examination, August, 1868 | 27 | 21 | 16 |
| Indian Army, February | 24 | 20 | 4 |
| " August | 22 | 10 | 12 |
| Royal Navy | 38 | 30 | 8 |
| | 121 | 81 | 40 |

It must be remembered that from the 40 candidates who failed, 16 would have been accepted had there been appointments open to them in the English or Indian army, and that one naval candidate was disqualified physically. Thus the number who failed for want of knowledge is reduced from 40 to 27. Only 7 of the naval candidates were well acquainted with Latin. It will be seen that the candidates had more than two diplomas apiece on the average. *It is said of one who had three qualifications that he was deficient in all subjects.* The subject in which the greater number were not sufficiently qualified, was anatomy.—*Medical Times and Gazette.*

DR. SCHEFFLER, of Germany, has introduced a new description of spectacles, which he has named "orthoscopic."

Snake-Poison.

[The President of the Medical Society must have been in ignorance of these experiments when he made his famous speech, comparing Professor Halford to Harvey and Jenner.]

Experiments on the influence of Snake-poison and on the injection of certain fluids into the venous circulation as antidotes, and on the application of the ligature and actual cautery.

By J. FAYRER, M.D., C. S. I.

Surgeon, Bengal Army; Professor of Surgery in the Medical College of Bengal.

Present: Dr. Fayrer; Dr. Ewart, Professor of Physiology; and Dr. Seeva.—June 12th, 1869.

Experiment No. 2.—The left crural vein of a dog was exposed, ready to receive the injection. The dog was then bitten by a cobra in the right thigh at 8.20 p.m. The cobra was not fresh, it had been in captivity for some time, and had bitten before, but it was tolerably vigorous.

3.28.—Dog is excited and restless.

3.24.—Same condition; whining.

3.27.—Much excited; trying to break loose; is salivated; breathing hurried.

3.37.—Is beginning to show signs of the influence of the poison; is slightly convulsed; falls over.

3.37½.—Injected 60 drops of liquor ammoniæ sp. gr. 0.959, into the crural vein; followed immediately by convulsive twitchings of mouth and limbs.

3.42.—Lying down, very low, almost motionless; irregular action of the heart; injected 40 drops more of the liquor ammoniæ.

3.43.—No change; heart's action very feeble.

3.44.—Lies perfectly still, as though dead; no respiration; heart beats very irregularly; 35 pulsations in 30 seconds.

3.45.—Dead.

Post-mortem examination of body at 4.20 p.m. Lungs, pallid; no congestion. Heart right side much distended with black clots. Left ventricle contained a little dark fluid blood. The viscera generally were pallid; but the liver was somewhat congested. Brain,—cerebral substance free from congestion; vessels on surface slightly distended with blood. The blood generally coagulated firmly.

Experiment No. 3.—The external jugular vein of a dog was exposed at 3.34 p.m.; 40 drops of the liquor potas. permanganat. (Condy's) were injected into the vein at 3.35.

No effect procured at the time; the dog did not appear to take any notice of the injection.

3.40.—Dog apparently not affected.

3.45.—Seems rather depressed, but this is not marked; it may be fear.

3.48.—Bitten by a large cobra (not fresh, for it has been some time in captivity, and has bitten before) in the thigh. The fang punctures were at

once washed with the Condy's solution, which was well rubbed in.

3.49.—Bitten leg partially paralysed.

3.50.—Lying down; when raised can stand, but quickly lies down again; is quite intelligent.

3.51.—Droops his head.

3.52.—60 more drops of the fluid injected into the vein.

3.54.—zij injected into the bowel; is able to sit or stand, but is very weak. The injection of Condy's fluid was not followed by convulsions as in the case of the liquor ammoniæ.

3.58.—Lies down; head falls over; breathing hurried; rises and staggers and soon sits down again.

4. p.m.—Lies sluggish and dejected; can walk when raised, but staggers and soon sits down again.

4.5.—Can still stand and walk with staggering gait.

4.7.—Lying down, but gets up and walks a few steps; head drooping and look dejected; twitching of muscles generally.

4.8.—When put on his legs can still stand; breathing hurried; coat staring.

4.12.—40 more drops injected into jugular vein.

Slight twitching of muscles generally; lies down on his side, cannot rise; limbs paralysed; pupils dilated; slight convulsions of extremities, and muscular system generally; breathing, catching and rather slow.

4.22.—Motionless; heart still beats 50 in the minute; no respiration.

4.24.—Heart still felt.

4.25.—Dead.

Bitten at 3.48—Dead at 4.25; in 37 minutes.

Death occurred in about the usual time, and with the usual symptoms in which it occurs, when a dog is bitten by a cobra. I do not believe the effects of the poison were in any way influenced by the permanganate.

Post-mortem at 4.40 p.m.—Lungs much collapsed and very pallid. Both sides of heart full of fluid blood; great vessels distended. The blood coagulated firmly when let out of the heart and vessels. Abdominal viscera not so pallid as in the other dog. Brain vessels on surface full of blood; cerebral substance pale, scarcely any puncta.

Experiment No. 4.—A fowl bitten by a cobra (not fresh) in the thigh, at 4.45 p.m.; 20 drops of liquor ammoniæ having previously, at 4.43, been hypodermically injected into the thigh, no apparent effect produced by the ammoniæ thus injected. Bitten by the cobra at 4.45 p.m.; in 30 seconds it was in violent convulsions.

4.46.—20 more drops injected.

Dead before it could be placed on the ground.

Experiment No. 8.—A fowl was bitten in the thigh by the same daboia at 3.40. The snake would not bite until his jaws were closed on the bird's thigh.

3.44.—The fowl whilst walking about with rather a sluggish gait, suddenly sprang off the ground, and fell over in convulsions. It was immediately bitten in the thigh by a cobra. It continued unconscious and convulsed, and was dead at 3.46; that is, in six minutes after it was bitten by the viper. Had this viper been fresh, the bird would probably not have lived one minute.

Experiment No. 9.—Another fowl bitten by the same daboia at 3.56 p.m.

3.58.—It limps; has a depressed look, and its comb droops.

3.59.—Bitten by a cobra in the thigh; lies down.

4.2.—Slight convulsions.

4.3.—Comb livid; convulsed and unconscious.

4.5.—Dead in nine minutes.

These experiments, I think, dispose of the question of the poison of one family of venomous snakes being antidotal to the other.

These experiments were made in reference to certain suggestions that have appeared in the journals, but not with any expectation on my part that any other result than that which occurred could take place. The poison of the deadly snakes, of whatever family, kills by paralysing the nerve centres, and it appears as reasonable to expect Prussic acid to prove antidotal to aconite, as the cobra poison to be so to that of any other form of venomous snake.

Experiment No. 11.—The external jugular vein of a dog was exposed at 3.6 p.m., and four drops of cobra-poison were injected; at least one drop was lost, the other three entered the vein.

3.10.—Dog looks dejected, and ears drooping; he lies down.

3.33.—Beyond being sluggish, no symptoms of poisoning.

3.46.—Very sluggish; lies down.

3.47.—Liquor ammoniæ, sp. gr. 959, 60 drops injected into jugular vein; dog lies quiet. Heart beating rapidly; respiration very feeble.

3.54.—Heart's action very rapid; breathing rapid, muscular twitchings.

3.57.—Injected 60 more drops into the vein; muscular twitchings continue.

3.59.—Dead.

Poison injected at 3.4; death at 3.59. Death in 15 minutes. The quantity of poison was very small from a weakened snake; no effect was produced by the ammoniæ.

Experiment No. 12.—The jugular vein was exposed in a dog; it was then bitten in the thigh by a fresh cobra at 3.27.

3.28.—Staggering; excited, springing; howling violently; and trying to break the cord by which it is tied.

3.29.—Quiet; sitting down.

3.30.—Head drooping.

3.33.—Lying on its side, slightly convulsed; sixty drops of a solution of quinine, of the strength of one grain in eight drops, were injected into the jugular vein.

3.34.—The dog lies on his side, slightly convulsed.

3.35.—Dead.

Bitten at 3.27; dead at 3.35, in eleven minutes. The quinine evidently did no good.

Experiment No. 13.—Equal parts of cobra-poison and liquor ammoniæ, sp. gr. 959, were mixed together, and fifteen drops of the mixed fluid were injected with the hypermodic syringe into a pigeon's thigh at 4.30 p.m. Pigeon crouched immediately; at 4.31 was unable to stand; the beak resting on the ground.

4.32.—Convulsed: peculiar convulsive movements of the tail continuing.

4.32.—Dead.

Injected at 4.30; death at 4.32, in two minutes. This experiment is very unfavourable to the theory of the antidotal action of liquor ammoniæ.

Experiment No. 14.—The external jugular vein of a large and powerful dog having been exposed, ten (10) drops of fresh cobra-poison were injected into it at 4.24 with the hypodermic syringe.

4.24.30.—The dog staggered, was convulsed, and fell over foaming at the mouth.

4.25.—Violently convulsed, but with no outcry or sign of suffering.

Sixty drops liquor ammoniæ, sp. gr. 959, injected. Dead.

Death occurred in about 70 seconds; showing the frightful virulence of the poison when it finds entry by a large blood vessel.

How can such a death be explained otherwise than by exhaustion of the nerve centres? Any theory of blood-change is surely totally inapplicable here. *(To be Concluded in our next.)*

MEDICAL REFORM IN ENGLAND.

It is a relief to turn from the barren discussion on State Medicine, in the General Medical Council, to the memorial emanating from 8066 practitioners in the United Kingdom in favour of the direct representation of the profession in the Medical Council, of having only one examining board in each division of the kingdom, and of "one high and uniform standard of examination, and one legal qualification." From the discussion on the proposed qualification in "State Medicine" in the Medical Council, it is evident that this body, as at present constituted, has already accomplished all the good of which it is capable; and that its longer continuance in its present form would be productive of more injury than advantage to the profession. The amount of empty platitude and absurd views uttered by those members of the Council favourable to the

creation of a special qualification in "State Medicine," proves that the present Council is hopelessly at variance with the instincts of the profession, nineteen-twentieths of whom are unanimous in feeling that the abolition of the multitude of distinctions at present existing in the profession, and the substitution of one high and uniform qualification, are the only means of elevating the status of the profession, and of improving medical education; while the Medical Council, on the contrary, seems desirous not merely of continuing, but of adding to, the number of ridiculous distinctions already existing to the manifest injury of the profession. The following extract from an article in the *Lancet*, 17th July, on this subject, shows that Germany, the boasted land of "State Medicine," is greatly inferior to England with regard to the important matter of Public Health:—

"It remains to be proved whether in Germany, where there is an elaborate system of State Medicine, that Dr. Rumsey and Dr. Acland seem to covet, they are at all ahead of us either in matters of public health or in toxicology. We learnt the other day, that while the death-rate in London was 20, in Paris it was 28, and in Berlin it was 34. So much for public health. In regard to the questions in toxicology, both Rokitsanski and Pettenkofer tell the Committee of the General Council that such must be referred, not to State physicians, but to professional chemists. It would seem, then, that even if we had State physicians, we should still have to refer special questions to professional chemists.

DR. NOLAN ON INSOLATION.—To prevent the occurrence of sunstroke, those exposed by the nature of their occupation to the solar rays should be directed to keep their hair continually moist, to wear a head-dress, if possible, which will admit of being soaked in water, and which will retain it, or a wet handkerchief under the ordinary solar helmets will have an equally good effect. Alcoholic stimulants, if taken well diluted with water, and in moderation, are decidedly beneficial, the system, unaided, not being able to recover itself sufficiently rapidly without these, from the depression which excessive perspiration and long exposure to the sun tend to produce.—*Dublin Quarterly Journal of Medical Sciences.*

BIRTH.

CARSTAIRS.—On the 11th October, at her residence, Aberdeen-street, Geelong, the wife of J. G. Carstairs, M.D. of a son.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MARSHALL, AND CO., 72 Little Collins-street East, Melbourne.

Original Articles.

FATAL CASE OF POISONING FROM SWALLOWING FOUR OUNCES OF LAUDANUM,* WITH SOME OBSERVATIONS ON THE VALUE OF GALVANISM AND OTHER REMEDIES IN NARCOTIC POISONING.

A STRONG man, aged 44, swallowed, just before 8 p.m., a quarter of a pint of laudanum, and before falling into a state of stupor he took some coffee. When seen about half-past 8 he was pulseless, his respiration feeble, stertorous, and occurring at intervals of 20 or 30 seconds; livid face and skin cold, but dry; pupils very much contracted. The stupor supervened from 10 to 15 minutes after the poison had been swallowed. The stomach pump was immediately used, and warm water injected. The fluid drawn off smelt and tasted of laudanum. The next fluid introduced, when withdrawn, was nearly tasteless, and after two or three more injections the water returned as clear and as tasteless as when introduced. While the stomach pump was being used electro-magnetism was applied along the course of the phrenic nerves. For the first two or three minutes the diaphragm and the intercostal muscles did not respond; then a feeble sighing inspiration was excited; and in the course of from 3 to 5 minutes the respiration was established, and then the pulse and the heart's action.

An hour later, the respirations were 16 in the minute; the pulse was 72; the pupils seemed a little less contracted than when first seen, but there was no return of sensibility throughout the entire case. However the galvanism was applied, it never roused him, although the muscles responded readily to it. Opisthotonus was produced by applying galvanism to the head, under the ear, and to the neck, contraction of the arm and side; to the pit of the stomach, it caused the fluid in the stomach to run out of the tube of the stomach-pump, and contortions of the face, and opisthotonus, and to the larynx a short laughing sound. Twice the galvanism applied to the forehead seemed to have nearly sufficient power to rouse him, causing him to groan, but its use in this way seemed to deepen the lividity of the face, weaken respiration, and exhaust the powers of life. Brandy and beef tea were injected into the stomach, as he had evidently, from no food being found therein, not taken anything for some time. Ammonia and belladonna were also injected.

At 11 p.m.—Although there had been several occasions when the respiration and the pulse

flagged, the use of the galvanism along the course of the phrenic nerves restored them. The respirations were 18 in the minute, and the pulse had risen to 120; both were good. Half an hour later, the pulse had fallen to 108, and the respirations to 16. The pupils had gradually dilated, and seemed to respond feebly to light. During the next hour and a half there was but little alteration in the symptoms. At 1 a.m., a little beef tea and brandy could be got into the stomach—the application of one of the poles of the battery to the mouth causing an effort of deglutition to be made. The pulse at this time was about 80, the respirations 16; the pupils being larger, and rather more sensible to light. Galvanism was discontinued for a short time, as the respiratory muscles seemed to act without it.

At 1.30 a.m., the pulse suddenly flagged, beef tea and brandy could not be got down, by applying galvanism to the mouth; the breath became almost suddenly cold, and the respiration, with scarcely any warning, ceased. Galvanism still excited some contractions in the abdominal, intercostal, and cervical muscles, and these contractions continued after the heart had ceased to beat, which it did after the respiration had ceased for 30 or 40 seconds.

The *post mortem* examination was made about twelve hours after death. The vessels of the scalp were loaded with blood; the sinuses and vessels of the membranes of the brain were congested; the arachnoid was opaque, and its cavity contained a considerable quantity of serum; the pia mater, for a space of three inches square on the upper part of the left hemisphere, was deeply injected and thickened, and this alteration extended into the sulci; it could be easily separated from the brain, which was somewhat darker than usual and softened. The cerebellum and the cerebrum were more injected than in health, particularly the former. The membranes at the base of the brain, like those on its superior aspect, were opaque, and fluid existed under the arachnoid; small cysts existed in the choroid plexus of each side; the lateral ventricles were empty. The left lung was very much congested, and gorged with serum; its substance was softened, readily breaking up. The right lung was similarly affected, but to a less extent. The heart was rather small; the left auricle and ventricle were empty and contracted; but the right auricle and ventricle were distended with blood, which was slightly clotted, and small friable clots existed in the pulmonary arteries and veins. The substance of the heart was softer than usual. The liver was large, and its sinuses contained a large quantity of fluid blood. The kidneys were also large, rather soft, and easily separated from their capsules. The spleen was small and softer than usual. The

* This case occurred in the practice of Drs. Stewart, Gregory, and Reeves.

stomach contained the beef tea, brandy, and coffee injected during life. There were small patches of congestion near the pyloric end. The small and large intestines were quite empty. There was no smell of laudanum in them. The bladder was distended with clear urine.

The deceased had been drinking heavily for some time, and his conduct had been strange for at least three weeks. He had evidently, from the empty state of the stomach and intestines, not eaten any solid food for several days; and although there had been no vomiting, as sometimes occurs after a large dose of laudanum, but very little of it was in the fluid withdrawn from the stomach—certainly not half an ounce; the quantity absorbed must have therefore been considerable, there being no doubt as to the quantity swallowed, as he was seen to pour it from a four-ounce bottle. Had the stomach been full of food, and the system less favourably disposed to absorption, the result might have been different.

GEELONG HOSPITAL—DISLOCATION OF THE HIP-JOINT.

By D. B. REID, M.R.C.S.

THOMAS LUCAS, aged 61, carpenter, native of Sydney; stout, muscular man; fair complexion; gray eyes and hair; was admitted into the Geelong Hospital July 2nd, 1867, suffering from dislocation of the hip-joint (left side).

States—About 2 p.m., was pulling down some premises at Mr. Hudson's, undertaker, when a high, thick wall fell upon him. He was stooping at the time, and the wall struck him on the left thigh.

He is an extremely muscular man, and over six feet high.

Present state.—The hip is semiflexed; the left knee projecting across the right thigh. The foot is slightly inverted. Evidently a dislocation into sciatic notch.

Reduction.—The slightest motion causing considerable suffering, I gave the patient a very little chloroform, which soon rendered him quite insensible. I did not intend to render him more than slightly insensible, but the chloroform took sudden hold of him. The knee was flexed and then gradually raised in its adducted position, till the thigh formed a right angle with the axis of the body, when it was abducted, and then the limb was gradually brought down alongside its fellow. When the stage of abduction was reached, the thigh-bone was pulled in its own axis from the pelvis; and extension was kept up while the limb was being brought down alongside the other. This was repeated four or five times, extension being kept up constantly in the interval. The

bone did not slip in as usual on bringing the limb alongside its fellow; but on slightly bending the knee and flexing the hip preparatory to a new attempt, the reduction was accomplished.

July 17.—Since the reduction, he has been confined to bed, and suffered at intervals severe pains in the hip, which have occasionally been relieved by opiates. Ecchymosis has appeared, but is vanishing. To be on full diet.

August 5.—Since the 31st ult., has been up every day, going about on crutches. Discharged to-day at his own request.

It has been my lot, during the many years I have been in charge of the Geelong Hospital, to reduce numerous dislocations of the hip-joint by manipulation. The method was first introduced by a Leith surgeon, but we owe its recognition and development to the Americans. I see, by the medical journals, that manipulation is now regularly employed in Guy's Hospital; but it was many times successfully employed in the Geelong Hospital before its merits were appreciated in London.

When the head of the femur is dislocated into the sciatic notch, its return is opposed by the high posterior border of the acetabulum. In bringing the thigh of the dislocated side upwards till it makes a right angle with the axis of the body, and still allowing it to retain its adducted position, the head of the femur comes out of the notch and approaches the tuber ischii, where the rim of the cup is less prominent; by then abducting and everting slightly, the head of the bone has a tendency to slip forwards and inwards into the acetabulum. During the whole of these evolutions the thigh-bone should be kept extended from the body in its own axis, however it is varied, and an assistant may press the trochanter forwards and inwards.

There is one very important point to be attended to, and that is, in cases of dislocation into the notch, not to raise the thigh on the body further than to make a right angle between their axes. If the knee be brought further to the abdomen, the head of the bone will pass below the acetabulum, and on abduction it will slip on to the thyroid foramen. This accident happened to me many years ago, in the first case I tried manipulation in. In cases of dislocation on the dorsum of the ilium, however, the knee requires to be brought up much further, in order to depress the head.

I submit that this method is far superior to the old system of pulleys. All my cases have done well. Lucas, however, being an elderly man and enormously muscular, suffered from stiffness and pain for a long time after. On one occasion I reduced a similar dislocation of more than a month's standing by manipulation, after I had

failed in several attempts with pulleys. In that case I did not attempt manipulation at first. Possibly the severe dragging loosened the adhesions, and made manipulation more easy than it would otherwise have been.

So little is this mode of treatment recognised here, that two eminent surgeons of Geelong publicly charged me with malpractice and neglect in my treatment of Lucas. I was considered guilty of malpractice because I did not use pulleys, and of neglect because, having reduced the dislocation within a few minutes of Lucas's admission, I did not rouse him about daily, and interfere with the processes of repair.

A short time ago I had to attend a rare case, one of dislocation of the femur on the dorsum illi in a girl of about twelve years. The reduction was accomplished easily by manipulation. The first turn reduced it, and the case did well.

Correspondence.

THE Editor particularly wishes it to be understood that he does not hold himself responsible for any statements made by his Correspondents. The pages of the *Gazette* are always open to any gentleman who may feel aggrieved by any observations made.

THE ST. PATRICK'S SOCIETY AND ITS MEDICAL OFFICERS.

To the Editor of the Australian Medical Gazette.

SIR,—On a previous occasion I laid before the profession, through your columns, a part of the treatment I have received at the hands of Drs. Garrard and Brownless, in relation to the above Society. I have now to state, that when the act of an illegally appointed committee, attempting to dispense with my services as medical officer, in favour of Dr. Garrard, honorary surgeon to the Melbourne Hospital, and Dr. Brownless, Vice-Chancellor of the University of Melbourne, came before the usual monthly meeting on the 2nd inst., for confirmation, in compliance with the rules of the Society, the members indignantly and almost unanimously refused to confirm the action of the committee; and, on the President refusing to put the resolution confirming me in my position, he was voted from the chair, and Mr. O'Hanlon appointed to take his place, when the following resolutions were carried almost unanimously, the meeting being the most numerous ever held in the hall.

1st. That this meeting has the fullest confidence in Dr. M'Carthy, acknowledges him as the medical officer of the St. Patrick's Society, and refuses to confirm the action of the Committee towards him.

2nd. That a special general meeting of the St. Patrick's Society be held in the St. Patrick's Hall, on Thursday, the 11th instant, in compliance with the requisition presented

to the committee, for the purpose of considering the conduct of the president and the committee, and ordering on the same.

3rd. That no notice be taken of the summons served on the gentlemen forming the deputation from the public meeting held at the Western Port Hotel, on the 19th of October, nor in respect of the notice of a similar nature served on Doctor M'Carthy.

It will be perceived that the first resolution confirmed me in my position as the medical officer of the Society; the second resolution was required because the committee can only be removed by a *special* meeting of the Society.

The third resolution referred to the unusual and tyrannical act on the part of the committee in summoning the members of a deputation appointed to arrange the dispute. When the special meeting legally called by seven days' advertisement, assembled last evening, the members found that the doors of the Hall were barricaded against them by chains and staples, and two members who were anxious to have the doors opened, were detained as hostages until relieved by the police.

The members of the Society who were thus illegally deprived of their Hall were compelled to meet at the Mechanics' Institution, where the following resolution was passed unanimously:—

1st. That this meeting has no confidence in the present committee of the St. Patrick's Society, and censures them for conduct highly injurious to the peace and welfare of the Society.

A new committee was elected, under which the Secretary was directed to act.

A vote of censure was passed on the late committee for closing the Hall.

Notice was directed to be served on the Society's bank not to acknowledge the previous Committee.

I explained to the meeting that though I have been performing the duties of medical officer to the Society, and attended the vast majority of the members, that I still received only about one-seventh of what was due to me, the remainder being paid to Drs. Brownless and Garrard, who attend but very few; the names of those who signified their desire for my attendance being denied me at the Hall. As the majority of the members who desire to see justice done cannot prevail with the President and committee, the only course left open to me is to protect myself by legal proceedings. I trust that few members of the profession have been treated by their medical brethren as I have been by Drs. Garrard and Brownless.

C. M'CARTHY, M.D.

Nov. 12, 1869.

MEDICAL STUDENTS.—The number of students registered in the United Kingdom during the year 1868 was—in England, 483; Scotland, 266; Ireland, 175. Total, 924.

Medical News.

APPOINTMENT.—Dr. Thomas Carter Wigg has been appointed public vaccinator for the district of Ross's Creek, *vice* Dr. Barnett, resigned.

CHARGE AGAINST DR. BARKER.—After two days' investigation of the complaint of making improper overtures to her, brought against Dr. Barker by Mrs. Emily Tiller—a young married woman, who had been under his treatment in the hospital for fractured clavicle—the hospital committee decided that "the charge has not been proved." In the course of the investigation it was ascertained that hospital patients were in the habit of resorting to the private residences of some members of the honorary staff—a practice, of which the committee were not slow to express their disapprobation.

THE IMMIGRATION HOSPITAL.—The recent admission of a number of sick Chinese into this establishment has caused considerable alarm amongst the residents in its immediate neighbourhood. There are at present, however, no grounds for alarm; but the continuance of such a miserable apology for a hospital as the present building, a one-story cottage, in the centre of a densely populated district, surrounded by a number of filthy undrained lanes, is in the last degree discreditable to the Central Board of Health. It is strange that the citizens are compelled to take measures to protect themselves against the blundering incapacity of a body established for the special purpose of conserving the public health. There ought to be little difficulty in finding a position combining the requisite hygienic conditions in the immediate vicinity of the city, whereon a suitable building, on the plan of the cottage hospitals, introduced of late years into England with such eminent success, might be erected.

PROFESSOR HALFORD AND THE MEDICAL SOCIETY.—We perceive that "S. D. Bird, M.D.," has written to the *Daily Telegraph*, attempting to defend himself from some observations made in this journal on his puerile adulation of the worthy Professor. We may inform Dr. Bird that the statement to which he takes exception was neither obtained at "second or third hand," nor by "hearsay," but was taken from the reports in the Melbourne daily papers, all of which were substantially alike. We are unable to perceive any difference in his attempted explanation. Perhaps the President of the Medical Society forgets that his eulogy on the Professor was a *post prandial* speech. The delicate flattery with which Dr. Bird concludes his letter, wherein he gives precedence to "the Colony, the Medical Society, and the University of Melbourne," over the *world*, must be extremely gratifying to our local *savants*.

DR. HELSHAM.—This gentleman had a narrow escape from death by snake-bite on the 27th ult. It appears that while out snipe shooting at Cranbourne on that day, the doctor was bitten on one of his fingers by a black snake, about three feet long. He immediately ligatured the finger, and returned to a homestead distant about a mile, where he had the bitten part excised, and brandy with ammonia were freely exhibited, under the administration of which he ultimately recovered, although his life was despaired of for several hours, and at one time his death was reported. Eighteen hours after the reception of the bite he was sufficiently recovered to walk a mile.

INQUEST AT WHITTLESSEA.—An inquiry was held on the 9th inst., before Mr. Curtis Candler, the district coroner, into the cause of death of a married woman named Bridget Semmes, *æt* 32, who died suddenly, on the 7th inst., in the neighbourhood of Whittlessea, about twenty-four miles from Melbourne. A *post mortem* examination made by Dr. Barker showed that the deceased died from disease of the heart and lungs. We regret having again to call attention to the illegal practice of employing a Melbourne practitioner to make autopsies at so great a distance from town, at a heavy expense to the revenue, and to the manifest injury of the local practitioners.

TYPHUS FEVER.—Two cases of this formidable disease have occurred in the persons of a man and woman, recently arrived by the Great Britain steamship. When Dr. M'Crea's attention was drawn to the case of the woman by the Melbourne Hospital officials, he is represented as having stated that there was no necessity for isolation, as the case was of a "very mild character." This opinion would doubtless be more reassuring to the public, were not the mildest case of typhus fever capable of originating the most malignant form. The second case of typhus fever occurred in a young man named Samuel Berry, at Geelong, and terminated fatally on the 9th inst. This is the second time within twelve months that infectious diseases of a very serious character have been introduced into the colony. We fear that if this be not attributable to official bungling, the public have little protection against the invasion of the most dangerous diseases at any moment.

INQUESTS IN THE DISTRICT OF BOURKE.—Several complaints have lately reached us, calling attention to the imperfect and unreliable manner in which inquests are frequently conducted in the District of Bourke. We have no reason to doubt that the complaints of our correspondents are well founded, but at the same time we do not think that the entire blame is attributable to Mr. Curtis Candler, the district coroner. The District of Bourke contains several hundred square miles, and is in fact far too extensive for any one officer, no

matter how energetic and active he may be, to discharge the duties of coroner with efficiency and satisfaction. Were the District of Bourke divided into three or four divisions, each of them would still be large enough to give occupation to one coroner. When the District of Bourke was first formed, over a quarter of a century ago, the population was inconsiderable, and inquests were very few. At the present time several hundred inquests, we believe, are held every year. The division of the County of Bourke into three or four districts would not only better provide for the interests of public justice, but would effect a considerable annual saving in the item of mileage fees.

VITAL STATISTICS OF MELBOURNE AND SUBURBS FOR SEPTEMBER, 1869.—The Registrar-General reports the occurrence of 297 deaths during the month, of which 172 were those of males, and 125 of females. The deaths of those under five years amounted to 98, and of those over five years to 199. The population of the metropolitan district, according to the last census, of April, 1861, was, in round numbers, 140,000. The average daily mortality for the month was 9.9. The mortality per 1000 of the population was 2.12. The mean average mortality of September for the last ten years was 237. The mean temperature of the month was 52.7 deg. The average mean temperature of the month for the preceding ten years was 53.9 deg.

HOSPITAL ACCOMMODATION IN LONDON.—At a recent public meeting, Mr. Fowler stated that there were in London 11 general hospitals and 64 small ones, containing 9192 beds in the aggregate. Estimating the number of inmates at 10 per bed annually, provision is thus made for 90,000 patients. The total number accommodated in 1868 was 78,000.

INQUESTS IN CENTRAL MIDDLESEX.—The number of inquests held during 1868 by Dr. Lankester, coroner for Central Middlesex, was 1262, or six below the average. [We are not aware what the exact population of Dr. Lankester's district may be, but it would appear that the relative proportion of inquests to population must be much less in Central Middlesex than in Melbourne.]

SNAKE-BITES.—Considering the early period of the season, accidents from snake-bite have been unusually frequent and dangerous. The *Pleasant Creek News* of the 4th inst. reports the particulars of a case of snake-bite at the Great Western, which afford additional testimony to the great value of liquor ammoniac in these cases. It appears that a man while mowing was bitten in the leg by a large brown snake. Without loss of time a ligature was placed on the limb, and liquor ammoniac applied to the fang punctures, and although the bite was serious, no bad results ensued.

SPECIAL INSTITUTIONS.

OUR readers are well aware that we have persistently opposed the system of small institutions for the treatment of special classes of disease. It is scarcely necessary to reiterate the grave objections which exist to this order of hospitals, infirmaries, and dispensaries, *open as they are to every kind of abuse, and often degenerating into little other than vehicles for professional advertisement.* We are, therefore, glad to receive notice of the approaching closure of the Metropolitan Ear Infirmary in Sackville-street. This involves some sacrifice on the part of Dr. Peter Allen, upon whom the superintendence of the establishment has devolved since the death of Dr. Yearsley; but it is made by him in furtherance of the right mode of pursuing practice, and, ultimately, the advantage of the poor. We remark this decided step in the right direction as more praiseworthy because taken by a professed specialist—one, therefore, of the class whose pecuniary and personal interests are naturally most served by the continuance of such institutions, and *for whose benefit, rather than that of the recipients of relief, they have been, for the most part, set on foot.* It must in fairness be observed that the infirmary in question has occupied a position different from some of the more recent of kindred establishments. It was founded above thirty years ago, and at a time when no efficient arrangements existed at the large general hospitals, either for the relief of sufferers from ear disease, or for the instruction of students in this important department. We believe that Dr. Allen now closes it from the conviction that the really necessitous amongst the numerous patients who attend there can be equally assisted in ways less liable to objection, and in deference to the advance of opinion amongst those desirous to maintain the profession of medicine upon the highest and most honourable ground.—*Lancet.*

THE "LANCET" ON THE AMENDING CORONERS' STATUTE, 1869.

"AT Melbourne, Mr. Casey, the Minister of Justice, has brought into the Legislative Assembly an 'Act to Amend the Coroners Act;' and this proposed Act provides:

"If any person shall (except at a school of anatomy) dissect or commence to dissect, or permit any other person to dissect or commence to dissect, any dead body without written authority in that behalf from a coroner or deputy coroner having jurisdiction in the district within which such body is, every such person shall be guilty of a misdemeanour."

"In other words, there is to be an end of *post mortem* examinations in the colony of Victoria, unless they are performed under a coroner's war-

rant; so that the state of pathology in Melbourne would, in the course of a generation, approach to its present condition in Mahometan countries! Our correspondence hints that this clause is introduced at the instigation of a small number of medical gentlemen who desire, and under the new arrangement would be likely to obtain, a monopoly of such inquiries; but we cannot believe it possible that such a law can ever either be passed or enforced. It would be more in accord with the progressive spirit of a new country if a *post mortem* examination were ordered in all cases of death, as a means to correct registration of the causes of mortality."

[It is understood that the provision which our London contemporary so deservedly censures was introduced by the late Minister of Justice, chiefly at the instigation of Mr. Curtis Candler, the district coroner, under the pretence of remedying an alleged irregularity, the result of his own illegal and arbitrary conduct at a late inquest at Richmond.—Ed. A. M. G.]

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: MONDAY, NOV. 15, 1869.

THE prophylaxis of disease, the chief object of hygienic medicine, is a subject of such importance to the practical physician, that we make no apology for referring to a legislative measure recently brought forward in the neighbouring colony of South Australia, under the euphonious designation of "A Bill for the better prevention of certain contagious diseases" (syphilitic). The proposed enactment is avowedly based on an Imperial Statute, the 29 and 30 Vict., c. 35, which was passed some two years since as an experimental measure, and applicable only to certain large garrison and seaport towns in England. The English enactment seems to have been framed solely with a view to the health of the troops and seamen employed in the public service. Although not yet long enough in operation to warrant an opinion as to its ultimate results, and notwithstanding that much difference of opinion exists respecting its operation, some disposition has been lately shown in certain quarters to extend its provisions to the civil population. It appears to us that the introducer of the Bill in the South Australian Parliament was not very happy in the illustrations which he cited in its favour,

when he referred to the instances of legislative interference in the cases of vaccination and the diseases of sheep and cattle, there being no analogy whatever between these and the proposed legislation with regard to syphilitic disease. No difference of opinion exists as to the wisdom and advantage of preventing small-pox. Legislation on this subject involves no innovation on the cherished principles of the national jurisprudence; it involves no inroad on individual rights or liberty; its manifold advantages are obvious, and admitted by all; without the protection of vaccination it would not be possible, by any degree of caution, to avert periodical desolating invasions of small-pox.

The experience of France and other countries on the continent of Europe, where the licensing and medical inspection of prostitutes have been enforced for a long series of years, affords little room to hope for any advantage from a proposal which is at variance with the whole scope and spirit of our free legislation. In a sanitary point of view, the value of such a measure appears to be infinitesimal. It is stated, in an article on the Medical Institutions of Italy, in the *Medico-Chirurgical Review* for April, 1869, that "in the city of Naples, where the police supervision of courtiezans has been enforced with greater strictness than in any other part of the Continent, out of the 1509 public women in that city licensed to follow their vocation, only 241, or just 16 per cent., were found to be free from disease." From this it would seem tolerably conclusive—so far, at least, as the prevention of "enthetic" disease is concerned—that strict police supervision and periodical medical inspection of prostitutes are a failure. We believe that the statistics of France and other European States do not materially differ from those of Naples. So far as the diminution of prostitution is concerned, the system is equally unreliable. In those countries, such as France, where prostitution has been regulated by law for a lengthened period, it is found that that evil has either not been materially diminished, or, what is infinitely more serious, that clandestine prostitution and disease have fearfully increased.

Opinions are greatly divided regarding the effects of the modified form of the continental plan, introduced two years ago into some of the large garrison and seaport towns in Eng-

land. In the circumstances of an old and populous country, burdened with the vices of an ancient civilisation, and condemned to maintain a large body of idlers in the shape of a numerous standing army and navy, there may be some plausibility for introducing a system which implies an odious interference with personal liberty and rights; but there can be none for importing into the colonies a practice which possesses no better recommendation than that it has been found a convenient tool in the hands of the despotic monarchies of Europe. The statistics of France and other countries show that the system of police supervision has failed to check either prostitution or disease. The states of Continental Europe, surrounded by vigilant and unscrupulous enemies, and on that account unhappily obliged to maintain large standing armies, have some colourable pretext for such a system.

A measure of this kind, if meant to be anything more than a mere form, would require the entrusting to the police of large discretionary powers, liable, from their very nature, to gross abuse, which might be made the means of grievous oppression. It would necessitate the introduction of a complicated machinery foreign to the habits of a free and liberty-loving people. Although, according to European experience, repressive legislation has had little effect in restraining prostitution or disease, it is believed that clandestine prostitution has been promoted by its instrumentality. In defence of such measures, it will perhaps be urged that they secure a certain amount of external decorum. It may be replied, that this object can be secured by a more careful and steady application of the powers already at the disposal of the authorities. We sincerely hope that the enlightened legislature of this colony will never think of adding to our statute book a measure which—although experience has shown it to be ineffectual in its avowed object—would inflict a serious blow on individual freedom, and be a standing libel on the morality of its inhabitants.

THE OPHTHALMIC AND ORTHOPEDIC INSTITUTION.

—As we had anticipated, the proprietors of the new institution, although it is not yet three months in existence, are already making vigorous preparations for levying contributions on the pockets of the public under the sacred name of

charity, but in reality for the purpose of making a private speculation pay. A meeting of five gentlemen on the 20th ultimo—who appeared to be well pleased with the progress of this establishment—authorised the appointment of a collector. The rise and progress of this institution might be appropriately styled “a new way to float a charity.”

Had the slightest necessity existed for such an institution, we should have been the first to assist in bringing it properly under the notice of the public. Such however is so far from being the case, that there is an institution, established several years ago, for the treatment of diseases of the eye, within a few hundred yards of the new one. The orthopedic department was apparently added with the view of giving an air of plausibility to the establishment, and of providing employment for one of the new medical firm. We are surprised that any member of the press can be found to advocate the introduction into Victoria of the pernicious system of private institutions, the existence of which, in England, has been found as prejudicial to the legitimate hospitals, as it is demoralising to the public, and injurious to the best interests of the medical profession; a system which has been condemned by the unanimous verdict of the medical press in the United Kingdom. It is lamentable to find that any medical practitioners should prefer private interest to the welfare of the profession, by seeking to acclimatise, in Victoria, institutions which have been condemned and are fast becoming obsolete at the other side of the world. The next move of the astute founders of this institution will, no doubt, be an organised attack on the public treasury, with the aid of a few good-natured soft-headed gentlemen, entertaining no objection to see themselves in print, as the members of “a numerous and highly influential deputation,” to the Hon. the Treasurer, before whom they will doubtlessly grow eloquent over the claims and vast usefulness of the new institution. Nearly all these professional speculations owe their origin to some enterprising medical man, not overburdened with patients or practice, who, casting about him for the means of bringing his splendid talents before the public, starts an institution for the treatment of some special class of diseases. For this purpose a house in some prominent thoroughfare, and a good collector (of customs) are indispensable. Special knowledge of the class of diseases on which the eminent proprietor holds himself forth to the public as an authority is not necessary; indeed some of the most successful specialists, as Harrison, the aurist, and St. John Long, the consumption quack, have been destitute of either professional education or knowledge.

Medical Annotations.

SNAKE-POISON.

(Concluded from page 232).

Experiments on the influence of Snake-poison and on the injection of certain fluids into the venous circulation as antidotes, and on the application of the ligature and actual cautery.

By J. FAYRE, M.D., C. S. I.

Surgeon, Bengal Army; Professor of Surgery in the Medical College of Bengal.

Present: Dr. Fayer; Dr. Ewart, Professor of Physiology; and Dr. Seva.—June 26th, 1869.

Experiment No. 15.—A Pariah dog was bitten in the fore-arm by a cobra (*kalla keautia*) at 3.2 p.m.

A ligature had been thrown around the limb above the bitten part, which was immediately tightened; a pointed steel, heated to a red heat, was then, at 3.3 p.m. inserted into the punctures, and the wounds were thoroughly cauterized.

3.7.—The dog is restless, and is apparently under the influence of the poison.

3.12.—Staggers as he walks.

3.14.—Forty drops of liquor ammoniæ sp. gr. .959, diluted with three parts of water, were injected into the jugular vein.

3.17.—The dog runs about excited; he was partially convulsed during the injection of the ammonia, now sits up, and then falls over backwards; breathing quickly.

3.20.—Lies down; is salivated.

3.27.—Sits down; paws the air; muscular twitches.

3.38.—Lying on his side; convulsed.

3.44.—Lies paralysed; heart still beats, but no respiration.

3.45.—Dead.

Notwithstanding the ligature, which was tightened immediately, the actual cautery, which also immediately followed the cobra's fangs and the injection of ammonia into the venous circulation, the snake-poison proved fatal to a full-grown dog in forty-three minutes.

Nothing, it seems to me, can more strongly demonstrate the extremely subtle and virulent nature of the cobra-poison than these experiments; nothing, I think, is more significant of the improbability of anything proving to be an antidote. If the poison find entry into the blood vessels, and be carried to the nerve-centres, I am inclined to believe that nothing can prove of any avail, excepting in those cases where the bite is imperfect, the quantity or the quality of the poison diminished or deteriorated, or the snake itself is young, weak, exhausted, or is one of a less poisonous family;

such, I believe, are the only cases in which recovery occurs through the inherent vigour of the animal or person bitten, perhaps aided by stimulants and excitement. The favourable result is attributed, and naturally enough, by those who do not understand the *modus ledendi* of the venom to the treatment and the so-called antidotes. That we can aid in such recoveries, and that we may do much to help the sufferer through the troubles arising from general disorder and secondary blood poisoning, I have no doubt; and I would offer every encouragement to all to persevere in their attempts. But I must state my conviction, that nothing that can properly be called an antidote to cobra or viper poison exists; and the more this is known the better, for mistaken notions on such an important matter can only do harm, and may be the cause of losing, rather than of saving life.

My belief is that, if an animal, and probably a man, be fairly bitten by a fresh and vigorous cobra or daboia, it, or he, will inevitably succumb; unless some immediate and direct method of arresting the entry of the poison into the circulation be practised.

That such may be done, I will not deny; but the experiments just recorded, performed with the greatest care and speed, by two surgeons accustomed to such operations, shew that, at least, it is very difficult. The moment of time that intervenes between the injection of the snake-poison by the powerful maxillary muscles through the tube-like fang, into the minute blood-vessels of the part, and the application of the ligature and actual cautery, is sufficient to allow of the entry of the poison into the circulation, and this reaching the nerve-centres, even a small quantity may prove fatal. The ligature is evidently very unreliable when applied to large parts of the body, such as the limbs; for it is almost physically impossible to compress the part so tightly as to stop the circulation; and unless this be done to the depth of the penetration of the snake's fangs, it is obvious that it can only be of very partial effect in preventing the entry of the poison. On a finger or a toe the ligature might be of more service, as the smaller part might be thoroughly strangled; but unless the ligature were applied immediately, it is obvious that it would be useless even there, for the poison would have already entered, and be on its course towards the nerve-centres. How quickly this occurs is proved by those experiments in which the poison was injected directly into the jugular vein. What took place there, with the hypodermic needle inserted into the jugular vein, has its exact counterpart in the case of the cobra's fang, inserted, as it must be, when it penetrates a vascular part, into the minute veins.

The same may be said of the actual cautery.

Unless the hot iron enter the puncture directly after the fang has been withdrawn, the poison is already far on its way toward the centre, and the burning, though it destroys the tissues and such of the poison as may not yet have entered the circulation, can have no influence on that which is already beyond its reach. But as the ligature, if tightly and quickly applied, and the actual cautery, if promptly and thoroughly inserted, must limit to a certain extent the entrance of the poison; both should be had recourse to as speedily and efficaciously as possible, in the hope that the amount of poison left to find, or that may have already found, its way into the system, may be less than is sufficient to cause death.

To conceive of an antidote, in the true sense of the term, to snake-poison, one must imagine a substance so subtle as to follow, overtake, and neutralise the venom in the blood, or that shall have the power of counteracting and neutralising the deadly influence it has exerted on the vital forces. *Such a substance has still to be found*, and our present experience of the action of drugs does not lead to hopeful anticipations that we shall find it.

But I repeat, that where the poisonous effects are produced in a minor degree, or when the secondary consequences are to be dealt with, we may do much to aid natural forces in bringing about recovery. This is not, however, what is meant by an antidote.

Experiment No. 17.—A large and powerful dog had the right external jugular vein exposed. Twenty drops of a mixture of fresh cobra poison, taken from the snake the same day, one part, liq. ammoniæ sp. gr. .959, forty drops, or two parts, were then injected with the hypodermic syringe into the vein. The time of the injection of the fluid was 4.27.30. The effect was instantaneous; the dog struggled, howled, and was convulsed on the table: he was immediately released and placed on the ground, but was already almost unconscious and convulsed. He made an effort to rise on his legs, and fell prone on his belly. Within one minute respiration had ceased, though the heart's action continued faintly. This ceased, and at 4.30 a.m. he was quite dead. The action of the poison with ammonia was frightfully rapid in this case. Death occurred in two minutes and a half, complete unconsciousness within a minute; and only by the faint beating of the heart, which only continued for two and half minutes, was any sign of life manifested. This surely is fatal to the theory of ammonia injected into the circulation being of any benefit in snake-poisoning. In this case the poison and the so-called antidote were injected synchronously; the result was almost instant death.—*Indian Medical Gazette*.

REPORT ON THE CHOLERA EPIDEMIC OF 1866.

AS TREATED IN THE MATER MISERICORDIÆ HOSPITAL, DUBLIN.

THE Report of Drs. Hayden and Cruise is in many respects a most interesting one, and contains a great many important facts bearing on the contagiousness of cholera. The conclusions they have arrived at are:—

1st. The diarrhoea, so prevalent amongst the inhabitants of localities actually suffering from cholera, is a premonition, and the earliest manifestation, of cholera.

"2nd. Cholera is a disease strictly preventible by sanitary and hygienic measures, and, in nearly all cases, curable in the stages preceding actual collapse.

"3rd. The treatment which we have found most successful in the stage of choleraic diarrhoea is sulphuric acid and opium, with sinapisms, external heat, and creosote-water (for drink, three minims to a pint.)

"4th. In collapse, we have had more success with calomel given in large doses than with any other medicinal agent. In several cases, besides those in which recovery took place, reaction set in under the calomel treatment, but death occurred in the consecutive fever.

"5th. We believe cholera to be contagious, but in a much less degree than the principal endemic contagious diseases of this country, viz., typhus, scarlatina, measles, and smallpox.

"6th. As regards individuals exposed to the contagion of cholera, a state of good health, and proper sanitary and dietetic precautions, afford a strong assurance of immunity from attack.

"7th. Immediate attention should be given to derangement of stomach, or laxity of bowels, during a cholera epidemic; and to insure this amongst the poor, house to house visitation seems indispensable.

The other treatments had recourse to in collapse or algide cholera, were one or two ounces of brandy in water every hour or oftener, along with ten drops of tincture of camphor every ten minutes, and chlorodyne and creosote in small doses when the severity of the vomiting seemed to call for them; two tablespoonfuls of a solution of carbonate of soda, with twenty drops of aromatic spirit of ammonia, taken every hour, or every two hours, while effervescing, with the addition of one tablespoonful of lemon-juice; thirty drops of Fowler's solution at once, and fifteen drops every quarter of an hour afterwards till relief ensued; one drachm of the official solution of the permanganate of potass, with ten drops of chlorodyne, in an ounce of camphor mixture every third hour, half a grain of extract of belladonna at intervals; ten

grains of the hyposulphite of soda, with one drachm of the compound tincture of cardamoms, and one drachm of the syrup of poppies in one ounce of camphor mixture every second hour; subsequently ten drops of tincture of digitalis were added to each draught, on account of the suppression of urine; the loins were cupped, and mustard poultices applied. In many of the cases the epigastrium was also cauterised with nitrate of silver. In opposition to Dr. Skinner, our authors agree in asserting that cholera is essentially a blood poison. But, perhaps, the most truly important part of their contribution to our knowledge of the treatment of this disease is the additional force which their experience lends to the view now becoming so generally prevalent among the practitioners of this country, that, by thoroughly carrying out proper sanitary measures, we can effectually limit the spread of this disease, while by early astringent treatment we can with almost equal certainty cure it. These are two points upon which there is a great and a gradually increasing amount of unanimity amongst British medical men; and they are, after all, the points of most importance in so far as regards the well-being of the public.

The Report of the International Sanitary Conference states:—"The transmissibility of Asiatic cholera is an incontestable truth, proved by facts which do not admit of any other interpretation; but no fact has yet proved that cholera can be propagated through the atmosphere alone, whatever may be its condition; and it is a law without exception that cholera has never spread from one point to another in a shorter time than was necessary for man to carry it. Man himself is the chief agent in propagating cholera, and a single cholera patient—nay, even a single individual coming from a contaminated place, and suffering from diarrhoea—may give rise to an epidemic of cholera. The probable period of incubation—that is, the time elapsing from the contracting of the cholera poison to the appearance of the premonitory diarrhoea—does not exceed a few days; all facts tending to prove a longer incubation belong to the class of cases where contamination was possible after the departure from the infected locality. There is no fact known which proves that cholera has ever been imported by living animals; but it is reasonable to regard them in certain cases as possible agents. Cholera may be transmitted by articles in common use coming from an infected place, especially by those which have been used by cholera patients; but these articles can only transport this disease to any distance where they have been closely excluded from contact with the air. No proof exists that merchandise can transmit cholera, but its possibility, under certain conditions, is acknowledged. No conclusive facts

exist which prove that the dead bodies of cholera patients can transmit cholera; but it is prudent to consider them dangerous. Maritime communications are the most dangerous, railroads the most rapid, means of conveying the cholera poison."

The victims of cholera, under the most unfavourable conditions, never exceed twenty per cent. of the inhabitants; and an epidemic in which the number of genuine cases amounts to five per cent. is a very grave one.—*Edinburgh Medical Journal.*

BIOSTATIC IMMUNITIES OF THE JEWS.

M. LEGOYR terminates with the following conclusions an elaborate paper which he recently read at the Paris Statistical Society on "Certain Biostatic Immunities of the Jewish Race in Europe:"—

"The facts which are here collected, and which are nearly all derived from official sources, are almost unanimous in demonstrating that the Jewish race is distinguished from the other European races, in a biostatic point of view, by the following phenomena:—1. Its general fecundity is less. 2. So is it, at least as a general rule, with regard to its legitimate fecundity. 3. It is especially so in relation to its natural or illegitimate fecundity. 4. In an equal number of births, there are fewer children born dead, which indicates that the Jewish woman passes through her period of gestation more favourably than the Christian woman. 5. But the most remarkable privilege of the Jews is, without contradiction, their relative low mortality, and that even when they are members of the lowest classes of society. This lesser mortality is not (and we cannot too much insist on this point) the natural consequence of a lesser fecundity, as with an equal number of births, they count fewer deaths, and that by calculating on Halley's method—that is, in supposing the births equal to the deaths (taking place at the same ages)—it is found that they have a mean and probable life which is longer than that of the autochthonic races. It would not be correct to say that this difference in mortality is due to a large relative preponderance of adults, since in Prussia, which is the only country in which this portion of the population has been enumerated by age, there is found to be a greater number of children in it than in the Catholic and Evangelical population. 6. We have, moreover, seen that, as a consequence of this characteristic physical aptitude, the Jewish race becomes acclimatised everywhere, and propagates itself under every latitude. 7. Finally, we have shown that the Jews are possessed of a special aptitude enabling them to struggle against infected media, and protecting them against contagious diseases."

After discussing the various explanations of

these immunities offered by different observers, M. Legoyt states that he believes the greater longevity of this race may be explained by the following considerations:—1. The Jews marry earlier than the Christians, and thus derive at an earlier age the advantages which statistics show are incident to the married state. Still, from their well-known prudence and circumspection, it is not to be supposed that they enter upon this until prepared to meet its exigencies. Among them, hasty and rash marriages, which are alike hurtful to the health of parents and children, are rare. 2. The fecundity being less, they can pay much more attention to the preservation of their children. 3. By reason of the small number of illegitimate children they have, they escape the exceptional mortality which sweeps away such children. 4. The Jew does not pursue any calling which demands very hard labour. He is neither an agriculturist, a labourer, mechanic, sailor, nor miner. Before all things, he is the shopkeeper, merchant, banker, artist, *savant*, man of letters, or public functionary. 5. The Mosaic law contains ordinances which being purely hygienic, must exercise a favourable influence on the health—*e.g.*, the verification of the condition of slaughtered animals, the frequency of ablution, the practice of circumcision, and the separation from the husband until a week after menstruation, etc. 6. The strength of the family feeling among the Jews. It is only when it is absolutely impossible, and without distinction of rank, that a Jewish woman does not suckle her child. The children, too, are the objects of incessant and most vigilant care, which indeed is returned by the respect and solicitude which these manifest for their parents, especially when aged or infirm. This is probably one cause of the rarity of suicide among the Jews. 7. The sobriety of the Jews is incontestible. 8. Throughout the entire Jewish community, a warm feeling of charity for the indigent and miserable prevails. 9. The religious Jew is remarkable for his great serenity of mind, and his deep-seated faith in Providence and the high destinies of his race. The constancy, the *pérennité* of the Jewish temperament, is well reflected in his religious faith, which has remained immovable for so many ages. 10. The morality of the Jews, as deduced from criminal statistics, seems to be real, and is only an indication of those regular habits of life which exercise so great an influence on the duration of life.—*Medical Times and Gazette*.

INFANT FEEDING.

A RECENT number of the *Medical Gazette* of New York contained an article on infant feeding, mainly based upon a paper read by Dr. Hiram Corson at the Medical Society of Pennsylvania. Dr. Corson advocates good, and little if at

all diluted, cow's milk for an infant who has insufficient breast milk for its nourishment. He contends that many infants are simply starved to death by the practice of diluting the milk with two-thirds water. Scarcely any infant of one month old will be content with less than one pint of milk daily, and many will consume a quart; the average being between these. The utmost dilution which he would allow of good, rich cow's milk would be attained by the addition to it, when cold, of enough boiling water to raise its temperature to 100 deg. Dr. Corson's advice is: Give an infant as much milk as it will take; and if that supplied by the mother be insufficient, let it be supplemented by cow's milk; the dangers supposed to arise from the mixture being imaginary only. But it is necessary to accompany this with a caution. Infants are thirsty as well as hungry, and the two things need not go together in them more than in adults; and, like adults, they are more thirsty in hot than in cold weather. If milk be given to satisfy thirst, the stomach refuses to digest it, and irritation, diarrhoea, colic, or indigestion ensues. Let the nurse or mother, therefore, adopt the simple precaution in warm weather of offering the infant some water first of all, and it will be satisfied with this if thirsty only. A remark is made, by the way, about the dietetic and therapeutic value of iced water, which is worth recollecting. Iced water, besides being very grateful, is often an excellent means of allaying the irritability of stomach and bowels so common among infants during hot weather. A bottle is preferable to a spoon for feeding, and the milk ought to be fairly, but not too much sweetened. We think this is, on the whole, good practical advice; but we are confident that the greatest differences exist among infants in regard to the ease or difficulty with which they can be brought up by artificial feeding. Boys are, as a rule, more difficult to rear than girls; and the children of some families, as well as those of dyspeptic parents, often cannot be reared artificially at all. In the Mediterranean and warm climates, the children of Europeans generally fare very badly, unless placed under the care of a native wet nurse. Sometimes Liebig's food answers extremely well, particularly for infants of some months old. The same may be said of Robb's biscuits. Tops-and-bottoms, sago, arrowroot, and the rest are an abomination. For delicate infants, asses' milk is undoubtedly best. In cases of prostration following diarrhoea, the temporary use of Liebig's extract or veal-broth may be tried. But, after all, there is nothing equal to the natural food, the milk of a healthy mother, and it is as well that women who selfishly refuse to sacrifice their pleasures to their duties should be aware of the fact. There is no reason to doubt that Prof. Huxley's

protoplasm, or the physical basis of life—that is, of infant's life—is good milk; or that the structures of the body, as regards the character of their subsequent evolution and development may be materially influenced by improper diet in infancy. —*Lancet*.

PROSTITUTION IN NAPLES.

THE syphilitic or Lock Hospital at Naples affords an excellent school for studying the various forms of that class of maladies. It contains usually about 800 inmates, most being public prostitutes sent there by the police. Being the establishment to which all diseased prostitutes belonging to Naples are sent for treatment, a class of unfortunates who are placed under more strict police regulations than in almost any other European municipality.

The number of public women licensed to follow their vocation was 1509 during a recent year, of which an official report has been published. Of these, 753 were natives of Naples or its province, 685 belonged to southern Italy, 33 to northern Italy, and 22 to Rome or Venice. Regarding age, 28 were under 15 years, 609 from that to 20, 513 from that to 25, 291 from the latter age to 35, while 59 ranged from the age of 35 to 40, and only 9 were older, but none exceeded 48 years. Again, 151 were married women, and 113 widows, the remaining 1245 being spinsters. In reference to instruction, 1330 were entirely devoid of any education, being unable to read, write, or figure.

Respecting the causes which were assigned as leading those 1509 females to adopt the life they then followed, the report already quoted states, that in 369 excessive misery was the cause, in 290 loss of parents, in 180 bad example, in 127 cruel treatment by parents, concubinage in 53, avarice in 54, in 41 widowhood, and in 24 luxury, while in 250 cases seduction was the cause, the remaining cases being ascribed to other influences not sufficiently important to deserve specification. Among the above 1509 prostitutes, only 241 were healthy, the remaining 1268 being more or less diseased, of whom 501 had been once transferred to the syphilitic hospital, the other 767 cases several times; thereby indicating the great prevalence of venereal maladies, among a class of persons said to be constantly under rigid police surveillance, and subjected to frequent periodical medical inspection. —*Medico-Chirurgical Review*, April, 1869.

LUNACY IN SCOTLAND.

THE returns of lunatics existing in Scotland on the 1st of January, 1867, show a total of 6762, of whom 3178 are males, and 3584 females. At the same date there were in England, in public asylums and hospitals, and in private licensed houses, 31,917 lunatics.

In Scotland the lunatic population increases at a lower rate relatively to population than in England. In the year 1867, 145 lunatics were added, the increase taking place entirely in the public asylums, an actual decrease being observable among patients otherwise disposed of. Hence, in fact, there was an increase in such public institutions of 812. Taking public and private asylums alone, for the sake of comparing the results with those given by the English Commission, the increase reached 171, in England it amounted to 1296.

The mortality in Scotch asylums will compare favourably with that in English and French establishments. The average mortality for five years was, in Scotland, on the two sexes together, 8.24, and in England 10.39 per cent. In France, on an average of fourteen years, the mortality reached 14.03 per cent. The death rate of males exceeds that of females in each of the three countries named, but the relative excess is less pronounced in Scotland than in England or in France. —*Medico-Chirurgical Review*.

TREPHINING.—Baron Larrey, on presenting to the Académie des Sciences a copy of the memoir he has recently published in the *Mémoires de la Société de Chirurgie*, observes:—"The analysis of more than 160 cases of traumatic lesions of the head, a portion of which have occurred in my father's and my own practice, enables me to come to the following conclusion—viz, valuable as is the operation of trephining in the practice of Surgery, it still should be reserved for well-defined cases and precise indications, and not undertaken with precipitation and in doubtful conditions, under the penalty of aggravating the accidents and hastening a fatal termination, while the prompt and rational application of other therapeutical resources will, in the great majority of circumstances, second the marvellous efforts of nature for the cure of the most redoubtable injuries. I may also remark, as I have done many times on other questions, that such treatment, which is essentially active, substituted for the removal of a portion of the cranium, constitutes in these cases true conservative Surgery (which is not to be confounded with expectation), to which I have devoted all my efforts during my career of thirty years. —*Medical Times and Gazette*.

Birth.

NASON.—On the 1st instant, at her residence, Snake Valley, Carngham, the wife of Thomas R. Nason, Esq., surgeon, etc., of a daughter.

It is requested that communications for the *Gazette* be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND Co., 73 Little Collins-street East, Melbourne.

Original Articles.

MINERAL WATERS, THEIR COMPOSITION AND THERAPEUTIC EFFECTS.

By JOHN MURRAY, M.D., F.R.C.S., EDIN.

In my previous communication to the *Australian Medical Gazette*, on the above subject, I purposely confined my remarks to one member of the saline class, for the reason that it was from the analysis of the Yorkshire spring by my father that he was led to the principle on which their composition can be correctly ascertained, and a satisfactory explanation be given of their therapeutic effects, which, until that time, in the great majority of cases, were not easily accounted for.

As I have already stated, the principle to be applied to all mineral waters, from which insoluble, or sparingly soluble compounds are obtained by evaporation and subsequent analysis, is to arrange the acids and bases into binary compounds, and these of the greatest solubility, thus giving, as it were, a composition of greater medicinal power, and a more correct explanation of their effects; thereby furnishing a guide to our treatment of the various diseases in which they will prove beneficial.

It is to be remarked, however, that in several springs insoluble salts exist, held in solution, not directly by the water alone, but principally by an excess of carbonic acid gas, which on exposure to air and brisk agitation escapes, and the insoluble salt is deposited unchanged. Thus, in the Harrogate springs in England, there are in a pint, two grains of insoluble carbonate of lime, and one grain of the more insoluble carbonate of magnesia. These are retained in solution by the large excess of carbonic acid gas and sulphide of hydrogen.

In the Cheltenham springs are found 8.5 grs. of sulphate of lime, 1.5 of carbonate of magnesia, with sulphate and muriate of soda, and muriate of magnesia, with pure carbonic acid gas.

In a chalybeate spring at Brighton, there are no carbonates, but 2.9 of sulphate of lime and only one of muriate of soda, too small a quantity to produce the sulphate of lime by double decomposition; while the proportion of oxide of iron is nearly one, held in solution by carbonic acid in a pint of the water.

In the mineral springs of Bath, Buxton, Bristol, Matlock, and Malvern, the waters are almost purely calcareous, containing carbonate of lime with sulphate of lime, and minute portions of sulphate and muriate of soda.

In Scotland there are five mineral springs of some note, viz., Pitcaithley, Dunblane, Airthrey, Moffat, and Strathpepper. The first three are of the saline purgative class, and are much stronger

than the corresponding ones in England. They are almost identical in composition, though different in strength, Pitcaithley being the weakest and Airthrey the strongest.

The Dunblane springs have been known since 1813, and were discovered by a gentleman, who observed large flocks of pigeons constantly resorting to them. Some bottles of the water were sent to my father and analysed by him, and found to contain, in an imperial pint, the following proportions of alkaline and earthy salts:—

| | | | | |
|-------------------|-----|-----|-----|------------|
| Muriate of Soda | ... | ... | ... | 21 grains. |
| Muriate of Lime | ... | ... | ... | 20.8 " |
| Sulphate of Soda | ... | ... | ... | 8.7 " |
| Carbonate of Lime | ... | ... | ... | 0.5 " |
| Oxide of Iron | ... | ... | ... | 0.17 " |

This very strong composition of such active ingredients renders the Dunblane water very beneficial in chronic complaints; and numerous instances of long standing and obstinate gastric disorders which have yielded to its use, attest its power. Several cases of the beneficial effects of this spring are given in an excellent little treatise on the Dunblane Springs, by Dr. P. G. Stewart (brother of Dr. Cornelius Stewart).

The other two springs—those of Moffat and Strathpepper—are much weaker, being principally of a sulphurous nature, containing sulphide of hydrogen and muriate of soda.

In Victoria, two important mineral springs have been discovered and examined. One—situate at Ballan, and called Ballan Selters Water—is very largely used; the other is the Hepburn Spring, at Daylesford.

The Ballan Water, from its composition * (as

* The water is clear, sparkling, inodorous, and pungent. It contains 117 grains of solid matter to the gallon. which consists of—

| | |
|--|-----------|
| Carbonate of Soda (trace of potash)... | 68.8 grs. |
| " Lime ... | 19.2 |
| " Magnesia ... | 22.4 |
| " Iron ... | 1.6 |
| Chloride of sodium ... | 5.4 |
| Bromine and sulphuric acid—traces | |

117.4

It contains also a large volume of carbonic acid gas in solution, but from the imperfect method of bottling the water, the amount of gas varied in different bottles. An average determination gave 187 cubic inches in 100 cubic inches of water, or 519 cubic inches to the gallon; but as it requires 49 grains or 108.8 cubic inches of carbonic acid to convert the carbonates of soda, lime, and magnesia into bicarbonates, only 150 cubic inches of gas to 100 cubic inches of water, or 416 cubic inches per gallon, can be considered free or uncombined.

This water differs from most mineral waters by containing no sulphates, and by the large quantity of carbonate of magnesia, which tends to make the water a milder aperient and a more pleasant beverage. Phosphoric acid, iodine, and fluorine, though carefully sought for, were not detected.

J. COSMO NEWBERRY, B.S., Analyst.

determined by analysis), is an alkaline, earthy chalybeate, with a large excess of free uncombined carbonic acid. It resembles somewhat the calcareous mineral springs of the middle and south of England, with the exception of its having no alkaline sulphates or muriate of lime, hence it is hardly active enough, alone, as a medicinal remedy for some diseases; while, from the large volume of carbonic acid gas in it and the presence of oxide of iron as carbonate, it is not only a most agreeable and refreshing beverage, and peculiarly grateful to the stomach, but also an excellent tonic, and the magnesia which it contains furnishes that element to some of the most important secretions of the animal system. If greater medicinal power were required, the addition of ten grains of muriate of lime and seven grains of sulphate of soda to the gallon, would render it a most valuable remedy in strumous cases and several diseases of a cutaneous nature; while the taste of the water would be but slightly affected and in a great measure concealed, by the large excess of carbonic acid gas.

The medical profession generally have given highly favourable opinions of the Ballan Water in the treatment of stomach complaints, rheumatism, and rheumatic gout.

In the vicinity of the Ballan Water, another spring has been found, containing, in addition to the ingredients of the former, an impregnation of sulphide of hydrogen; this is by no means an uncommon occurrence both on the continent of Europe and in Britain. This composition is undoubtedly a medicinal one, and is well adapted for the exhibition of sulphur as a specific in cutaneous affections; were the addition of muriate of lime and sulphate of soda made to it, its remedial powers would be greatly increased.

The Hepburn Mineral Water at Daylesford has been examined by Mr. Johnson, the Government analyst, who has given its composition,*—which differs considerably from that of the Ballan water,

* Government Analytical Laboratory,
Melbourne, January 10, 1868.

The following is the result of my analysis of the mineral water collected by myself on a recent occasion, in presence of Dr. McNicoll and others.

One imperial gallon yielded—

| | | | | |
|-------------------------------|-----|-----|-----|-----------|
| Carbonate of lime | ... | ... | ... | grs. 34.4 |
| " of magnesia | ... | ... | ... | 15.12 |
| " of soda | ... | ... | ... | 36.5 |
| " of iron | ... | ... | ... | 2.9 |
| Alumina | ... | ... | ... | 4.4 |
| Chloride of Magnesia | ... | ... | ... | 1.2 |
| Chlorine (otherwise combined) | ... | ... | ... | 2.2 |
| Sulphuric Acid | ... | ... | ... | 2. |
| Silica | ... | ... | ... | 3.8 |
| Traces of potash | ... | ... | ... | 0.0 |

102.52

and is more complicated. It is much more of an earthy than of an alkaline nature, containing more lime and magnesia, with a larger percentage of iron, besides sulphuric acid. Its action as a remedial agent in all those diseases in which the use of the earthy salts, acid and iron, are indicated, will be more powerful than the Ballan water. As a beverage, it is very palatable, cool, and sparkling to the eye, and refreshing to the stomach; though less so than the Ballan, which contains about double the quantity of carbonic acid, free and uncombined.

The discharge of water from this spring is very large, so much so that it suggests the idea of using it for bathing, as well as for drinking.

No results, so far as I am aware, have yet been published, with regard to its medicinal powers on the class of complaints in which it is likely to be most beneficial.

Melbourne, 24th Nov., 1869.

In addition to the solid constituents, this water was found to contain in one gallon :—

| | | | | | |
|--|-----|-----|-----|-----|-----------|
| Extra carbonic acid (in combination as bicarbonates) | ... | ... | ... | ... | grs. 77.8 |
| " in free state | ... | ... | ... | ... | 97.9 |
| Total amount of carbonic acid, independent of that contained in the fixed carbonates | ... | ... | ... | ... | 175.7 |

The amount by measure will be thus :—

| | | Cubic inches. |
|---|-----|---------------|
| Extra-carbonic acid, in combination as bicarbonates | ... | 162 |
| Add that already contained in fixed carbonates | ... | 162 |
| Total amount in combination | ... | 324 |
| Carbonic Acid free | ... | 200 |
| Total amount contained in 1 gal. of water | | 524 |

It is difficult to understand in what exact condition the alumina exists in this water, as it issues from the spring quite clear, and sufficient mineral acids do not exist in the water to maintain the solubility, the alumina would appear to be in an allotropic state (unprecipitable), unless indeed we accept Muspratt's recent discovery of the solubility of alumina under certain conditions in carbonic acid. The silica, also, is in solution as it issues from the spring.

As a beverage, it is exceedingly cool, pleasant to the palate, clear and sparkling, and, judging from personal experience, very grateful and refreshing to the stomach.

The enormous quantity of this water as it rises from the rocks, suggests its free use for bathing, as well as drinking, and if found useful, the extreme beauty of the surrounding scenery, and the number of beautiful drives that can be obtained in the neighbourhood, together with the great altitude of the elevation, some 1500 feet, as I am told, above the sea, seem to point this out as one of the future, and probably most attractive, "spas" of Victoria.

I have the honour to remain, etc.

WM. JOHNSON,
Government Analytical Chemist.

OBSERVATIONS ON *TÆNIA SOLIUM*.

By S. IFFLA, Licentiate F. P. and S., Glasgow.

*(Read before the Medical Association of Victoria,
November 12, 1869).*

MR. PRESIDENT AND GENTLEMEN,—I beg to offer a few observations respecting human entozoa, especially referring to the *Tæniæ*, of which I submit a specimen from a patient recently under my care. I don't know that I can offer anything very new or original. I shall firstly refer to the observations of those eminent pathologists who have so industriously cultivated this field of science. The existence of worms in the intestines and other parts of the human structure was known to the ancients, who regarded their presence as a manifestation of the wrath of the gods and a punishment to those who had led debauched lives. Aristotle, Strabo, and Pliny have written on the subject; Hippocrates and Galen have treated it; Spallanzani, Blumenbach, and others have investigated it; and the researches of modern pathologists have revealed their existence in one form or another in almost every part of our bodies: thus do we afford a habitation and sustenance to innumerable parasites, that crawl over the surface, inmesh themselves in the hair, burrow in the skin and glands, and fatten in the secretions; they are geographically distributed along the alimentary canal from the pylorus to the rectum; they propagate within us, and there is scarcely any part free from their intrusion! The brain, the heart, the arteries, the areolar tissue, the voluntary muscles, are invaded by them; and "man whose heaven erected front the smiles of love adorn," is literally devoured alive by myriads of loathsome things. What a lesson of humility to beauty in her pride, to man in his pomp! There are five varieties of worms most frequently met with in the human intestines.

1. *Ascaris Lumbricoides*.
2. *Ascaris Vermicularis*.
3. *Trichocephalus Dispar*.
4. *Tænia Solium*.
5. *Tænia Lata*.

It is to the two latter that I especially invite your attention to-night; as compared with the other worms they are truly gigantic monsters. The *Tænia Solium*, or common tapeworm, is of a whitish colour, having a small head with a flat body, and is composed of a series of articulated joints; but I need not occupy your time with a minute description, as I am sure your own experience has made you acquainted with their physical character, and our books describe them fully. It was long supposed that each articulation was a distinct worm. Microscopic examination, however, has proved this to be a fallacy. The *Tænia* is a hermaphrodite, and attains a great size—

from thirty to three hundred feet in length. I am inclined to think the latter measurement an exaggeration. There is an authenticated case where one was found to extend from the pylorus to within a few inches of the anus. The largest that I have ever had in my possession measured about thirty feet. It was the third worm that had been voided by my patient. The specimen on the table is the second worm passed by him, and measures sixteen feet. The movements of tape-worms are sometimes distinctly felt, and occasion very distressing sensations. They are more frequent in adults than in children; they also exist in the lower animals, especially in dogs. They are not solitary, but frequently one of several; they are most common in the duodenum and jejunum, occasionally in the ileum, more rarely in the cæcum. A Dutch physician relates that a patient of his vomited forty Dutch ells of a worm, and that he would have got rid of more had he not bitten it off, for fear, as he said, of "puking his guts out."

The origin of intestinal worms was long a subject of dispute whether they are of spontaneous development or received into the body. Time and space will not permit me further to pursue this branch of the subject at present. I may observe that it is the opinion of Bremser and Rudolphi—both of whom have devoted much time and patience to the subject—that worms are engendered in the human body, and are peculiar to it. Notwithstanding the strong objections that have been urged against it, I incline to the belief that the germs of these reptiles are received into the human body from without, and that being placed in an entirely new condition, they undergo changes of structure that render them dissimilar to any of the entozoa—aquatic or terrestrial! It must be observed, however, that animalcula when taken into the human body do not always perish or undergo these changes.

There is a remarkable case related by Dr. Pickells, and published in the "Transactions of the College of Physicians, Ireland." A young woman had been in the habit of daily drinking water mixed with clay taken from the graves of two clergymen who died in the odour of sanctity: in the course of about three years she discharged upwards of two thousand beetles and their larvæ; most of them alive. Dr. Pickells counted more than 1200, many of them ran off as soon as they were voided, into holes in the floor, and two large winged insects flew away; the discharge of these was usually attended with distressing symptoms. Large doses of turpentine at length effected a cure.

From this digression *revenons à nos moutons*. As may be supposed, the presence of *Tæniæ* in the alimentary canal gives rise to many distressing symptoms—dyspepsia, emaciation, uneasiness in

the epigastrium, craving appetite, itching of the nose and anus, nausea, colic, foul breath, vertigo, difficulty of breathing, palpitations, borborygmi, and sometimes convulsions—the annoyance increases as they descend into the large intestines.

Many remedies have been suggested to rid the patient of his unwelcome guest—all the drastics, the oil of the male shield fern, tin filings, bitter infusions, the pomegranate bark, dolichos, pruriens, the flowers of the kosso, and a long catalogue of others; but these are all inferior in efficacy to the oil of turpentine, which, if properly administered, according to my experience, never fails. This remedy was first recommended by Dr. Fenwick, of Durham, in 1810, and in the treatment of Tænia, turpentine is worth all the other vermifuges we possess; it is both safe and certain. When called upon to treat a case of Tænia, the plan that I adopt is very simple; the first thing is to attend to the general health of the patient, and to improve it as far as possible by appropriate means. I then administer purgatives, preferring the drastics, with the view of clearing out all accumulations from the lower bowels, and causing the expulsion of a quantity of mucus that generally surrounds the worm. I then direct him to go to bed and abstain from food for many hours; I next administer two ounces of gin, followed in an hour by nearly as much turpentine, and this after an interval of an hour and a half, is succeeded by a large dose of castor oil; within about two hours, the worm is usually expelled. I have never known this to fail, though I have on one occasion given a larger dose of turpentine. Of course, these doses are for adults, and are followed by a very unpleasant state of intoxication; but this condition soon passes off, a couple of days' rest, the administration of some vegetable tonic, a light diet, moderate exercise, and, if possible, a few days change of air, will complete the cure.

The exhibit to-night is the second that was passed by the same patient, and is one of three voided within about twelve months, the first was passed in two portions, together measuring twelve feet, the second (which is the one before us) measures sixteen feet, and the third is nearly thirty feet long.

OVARIOTOMY.—Three cases of this operation have been lately performed at the Melbourne Lying-in Hospital, two of which were successful, the third terminated fatally.

SEA-SICKNESS.—A correspondent of the *Lancet* states that in this distressing complaint he has given from ten to twenty drops of tincture of belladonna with from two to five drops of chloroform, with good results.

Medical News.

RESIGNATION.—Dr. J. H. Eccles has resigned his office of a coroner of Victoria, acting at Stringer's Creek.

MEDICAL REGISTER.—The names of the following gentlemen have been added to the list of legally-qualified medical practitioners in Victoria:—Michael Joseph Lyons, Joshua Duke, Oliver Penfold, and Augustus Dimock, Esquires.

THE VICTORIAN MEDICAL BENEVOLENT ASSOCIATION.—It appears from the fourth annual report for the year ending 30th June, 1869, that the income of the Association for the past year amounted to £125 10s., exclusive of a balance of nearly £200 in hand at the beginning of the year. The number of applicants for aid during the year was six, three of whom were refused as being undeserving; amongst the remainder the sum of £21 was disbursed by way of grants and loans.

THE MELBOURNE HOSPITAL.—We regret to have to state that an epidemic of erysipelas, described as being of a mild character, has lately occurred in this institution, some patients who had been recently operated on having been attacked by this disease. In accordance with the recommendation of the honorary staff, those inmates suffering from erysipelas have been placed in tents, and the wards disinfected. We fear that the later additions to the Melbourne Hospital, by crowding together so many sick persons and encroaching on the limited space previously available for exercise and pure air, have permanently injured the hygienic character of the institution. This occurrence affords additional testimony to the truth of Sir James Simpson's recent strictures on "Hospitalism."

MEMBERS OF BENEFIT CLUBS AND THE MELBOURNE HOSPITAL.—A person named Richard Hamilton, whose brother died in this institution on the 28th ult., recently complained to the hospital committee that Mr. Ashworth, one of the resident medical officers, had charged a fee for giving him a certificate of his brother's death for lodge purposes. The committee, after being informed by Dr. Ashworth that such had been invariably the custom, decided that the practice should be discontinued, and the fee returned. We have no hesitation in stating that the action of the committee on this occasion was altogether a mistake. As neither patients or their relatives have any claim of right for medical certificates to enable them to obtain sums of money, it is only fair that a reasonable fee should be paid for them, when required, either to the gentleman giving the certificate or to the funds of the charity. We presume the committee was not aware that the certificate, for which Hamilton objected to pay,

enabled him or his friends to obtain a sum of twenty pounds. Sufficient inducements are already offered by our various charitable institutions to persons inclined to evade the payment of legitimate obligations, without adding to the number the giving of gratuitous medical certificates. We hope the hospital committee will perceive the wisdom of recalling their recent decision relative to medical certificates, the giving of which forms no part of the duties of the medical staff, whether paid or honorary.

THE CORONER'S COURT IN AUSTRALIA.

SOME time since we commented on the conduct of a coroner at Richmond, in Victoria, Australia, in consequence of his sending summonses to medical practitioners at a distance to make *post-mortem* examinations and give evidence. This was not only unjust to the medical gentlemen of the district, but positively insulting. Moreover, after a *post-mortem* examination had been made in a certain case by two highly respectable physicians of Richmond, the coroner ordered a fresh examination by a surgeon whom he summoned from Melbourne for that purpose. We learn from the *Melbourne Age* that a Bill is now before Parliament "to amend the Coroners' Statute." The *Age* objects that the Bill makes it a misdemeanour for any person to dissect a human body elsewhere than at a school of anatomy without written authority from a coroner. This our contemporary denounces "as an innovation of the law of all other civilised countries, and will have the effect of preventing medical practitioners giving trustworthy certificates of the causes of death." The *Age* considers this clause to have had its origin in a not very seemly squabble between the coroner and some medical witnesses at an inquest at Richmond not long ago. This is the case to which we lately drew attention in our columns. Certainly it does seem monstrous that no *post-mortem* examination can be made except by order of a coroner, if such be the real wording or meaning of the Act. It certainly would not be tolerated here. The *Age* proceeds to say, with reference to a clause which provides that anyone obstructing a coroner shall be fined £20:—

"Now, as coroners are already protected in the same way as other justices of the peace, there can be no case made out for exceptional legislation in their favour. It would be much more to the purpose if the Bill contained a provision for keeping coroners within the proper exercise of their duties, for we have no hesitation in saying that there is at least one of them who habitually violates the 15th clause of the Medical Practitioners' Act. That clause imposes on a coroner the duty of calling in

as a medical witness some practitioner who resides 'near' to the place where the inquest is held. This is seldom attended to in Melbourne. If the Bill passes in its present shape, it will frustrate the ends of justice, interfere with private rights, and enable a coroner to act vexatiously and tyrannically."—*Medical Times and Gazette*, Aug. 21, 1899.

PROCEEDINGS OF

The Medical Association of Victoria.

THE usual monthly meeting of the Association was held in the Board Room of the Melbourne Hospital, on Friday, 12th inst. The President, Dr. Stewart, occupied the chair. After the confirmation of the minutes,

DR. IFFLA read a valuable paper on several cases of *Tænia Solium* which had occurred in his practice. He also submitted to the members a specimen of this troublesome entozoon, measuring sixteen feet in length. He expressed a very favourable opinion of the value of *oleum terebinthinæ* in these cases; stating that, in his experience, it had been uniformly successful, when given in sufficient doses.

In the course of the discussion which followed, DR. JOHN MURRAY referred to the state of intoxication resulting from the exhibition of large doses of this medicine.

DR. M'CARTHY was of opinion that in every instance of entozoa in the human subject, the germs were introduced into the system from without.

DR. REEVES mentioned the particulars of some cases of tape-worm which had occurred in his practice, stating that helminthiasis had considerably decreased in London during the last thirty years, owing, it is believed, to the greater purity of the water supply.

DR. STEWART stated that *tæniæ* were frequent in Scotland, where he had found a combination of *oleum terebinthinæ* and *oleum ricini* to be generally successful.

The thanks of the meeting were voted to Dr. Iffla, for his instructive paper.

DR. REEVES exhibited a specimen of blue urine voided by a patient under his care; when first passed, the urine was nearly black.

CONSTANT VOMITING AND ERUCTATIONS RELIEVED BY SULPHUROUS ACID.—The *Lancet* contains the report of a case in which a woman, *æt.* 36, who had suffered for a month from this distressing complaint, was permanently relieved by taking half a drachm of sulphurous acid in an ounce of water three times a day, after the failure of hydrocyanic acid, bismuth, and effervescent draughts.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: TUESDAY, NOV. 30, 1869.

MEDICAL reform—the long-desired object of every well-wisher of the profession—after innumerable disappointments and failures, seems, at length, in a fair way of accomplishment. The Medical Act of 1858, with its cumbrous and expensive machinery, is already effete, having apparently accomplished whatever good of which it was capable. This enactment was the first step in medical reform, after years of disunion and agitation. To it the profession are indebted for a tolerably good system of registration, and for the British Pharmacopœia. These are the principal results achieved by the General Medical Council, at considerable outlay, after an existence of eleven years; a body which, considering the individual eminence and standing of its members, has been singularly barren of beneficial results. The inefficiency of the Medical Council may, however, be easily accounted for, by remembering its origin, wholly composed of nominees of the Crown, and of delegates from the various rival medical corporations, whose selfish interests are often antagonistic to each other and seldom compatible with the welfare of the great majority of the profession.

The Medical Council, although faulty both in its origin and composition, has at all events served as a convenient link between the past and the future, and has afforded time for maturing the opinions of medical reformers. It will, therefore, cause little regret to the members of the profession to find that the existence of the Medical Council, at least under its present organisation, is doomed. It is generally understood that the Imperial Government meditates fresh legislation with regard to the profession; and there can be little doubt that any new medical bill will make the Medical Council of the future in a greater or less degree representative of the profession at large. It is indeed not improbable that the future Medical Council will be composed in part of representatives of the Crown, and in part of members elected by the whole body of the profession, with whom there may or may not be associated a

few representatives of the medical corporations. Such a reform in the Council will undoubtedly be accompanied by another of even greater importance, namely, the abolition of the existing multiplicity of medical qualifications, and the introduction in their place of a single qualification, to be conferred after undergoing a uniform and comprehensive system of medical education. The abolition of the present multiplicity of qualifications will confer an inestimable boon on the profession; it will tend to introduce more unity and greater *esprit du corps* among its members. It will help to remove many petty jealousies, and to elevate the profession in the opinion of the public as well as in the estimation of its own members. It will emancipate medical science from the last vestiges of the state of thralldom in which the ignorance and prejudices of a by-gone age had involved it.

The memorial which recently emanated from upwards of 8,000 practitioners in the United Kingdom in favour of a single qualification and one uniform examination, shows with what unanimity the instincts and the hearts of the profession are set on these points. It does not redound much to the credit or the sagacity of the General Medical Council, that, instead of endeavouring to consolidate the profession, and to promote any great measure of reform, its members have shown themselves more anxious to multiply the existing absurd number of qualifications, by creating a new degree in "state medicine." By this course, the members of the Medical Council have shown themselves incapable of more than patching and mending existing evils. They have not had the courage to offend the Medical Corporations, whose nominees they are, by interfering with the supposed interests of these bodies. The Medical Council has been willing to sacrifice the aspirations and the welfare of the profession at the bidding of its constituents.

It is not much to the credit of the old medical corporations, who for years must have been conscious of the yearning after reform in the ranks of the profession, that they could devise no better mode of gratifying that desire than by adding to the number of existing qualifications. It seems never to have occurred to them that unity and improvement—not division—were what were required. It is, however, satisfactory to find that, with characteristic foresight and prudence, the

Colleges of Physicians and Surgeons, Edinburgh, have made arrangements for conferring on candidates, by one combined examination, a qualification from each of these bodies; a similar arrangement has also been entered into between the Glasgow Faculty and the College of Physicians. There can be little doubt that, before long, in each division of the United Kingdom there will be but one examining board, composed most probably of members representing the various medical corporations; conferring one uniform degree, attesting a competent knowledge of each subject of medical study.

Another advantage incidentally accruing from the one degree system will be the removal of a fruitful source of professional annoyance and jealousy, arising from the pitiful conduct of a few members of the profession, who lose no opportunity of parading before the public the alleged superiority of their own qualifications over those of rival practitioners. Every medical man is well aware, although the general public may not be, that the possession of numerous qualifications, so far from being a guarantee of superior attainments, is more frequently a proof of capacity for "cramming and grinding for special examinations." It is well known that gentlemen possessing a single qualification are not only the equals, but frequently better practitioners than those who can boast of several titles. That the right to append half the letters of the alphabet to one's name, is no proof of acquirements, has been well illustrated by an extract from the *Medical Times and Gazette* in a late number of this journal, wherein it was authoritatively stated that at a recent examination for commissions in the public service, "one of the candidates, possessing no less than three qualifications, was found deficient in every branch of medical knowledge." It is matter of regret that the University of Melbourne, at the outset of its career, did not display more liberality, and evince a greater desire to promote the welfare and unity of the profession in this colony, than to impose on gentlemen who had spent the best years of their lives in the active practice of their profession, and who might be desirous of obtaining a degree from it, the necessity of matriculating *de novo* like students, and of undergoing an examination in the dead languages, instead of contenting itself with a fair practical test of professional knowledge.

Another serious mistake our local University committed consisted in perpetuating the worn out system of a multiplicity of useless medical distinctions, instead of one comprehensive qualification. We sincerely trust that the period has at length arrived when the unity of medical science will be restored. As there is but one system of physiology, one system of anatomy, one system of therapeutics, so should there be but one legal qualification for all practitioners.

PROFESSOR HALFORD ON THE TREATMENT OF SNAKE-POISONING.—In a communication published in the *Argus* of the 17th inst., this gentleman, while considerably abating his pretensions (on which we congratulate him) with respect to the value of ammoniacal injection in these cases states, "I have never said that ammonia was an antidote to snake-poison; i.e., as the word is generally understood by people, and used by quacks." Dr. Halford's opinion of the efficacy of ammonia must have wonderfully changed since the publication of his "marvellous" pamphlet only a few months ago, in which, referring to the venous injection of liquor ammoniac, he says, "It has passed in as a caustic alkali; free to exert its marvellous influence upon the inspired oxygen, even possibly upon the poison itself, but certainly upon its products." If this be not claiming for ammonia the merit of being an antidote, it would be very difficult to say what is really meant. It is a pity that Professor Halford attempts to be so severe upon "people and quacks." It ill becomes the patron of mountebanks to turn his back upon those of whose assistance he was once glad to avail himself. His first appearance in connection with this subject was in conjunction with quacks, as his celebrated certificate to Mr. Shires testifies. In the short interval since the publication of his pamphlet, Professor Halford seems to have undergone as great a revulsion of opinion regarding the danger of snake-venom as with respect to the efficacy of ammoniacal injection. He now states that "snake-poisoning is of little importance to the people of this colony." How different were the opinions advanced in his pamphlet a short time since will be seen from the following extract: "Let no one think lightly of snake-poison; it matters not at what season of the year it is obtained, whether thick or thin, whether dried up into a powder by the sun, or converted into a hard gum, it will, if once introduced into the blood, show its vitality as surely, ay, even more surely, than the dried seed placed in the ground and watered."

Medical Annotations.

ON THE CONDITION OF THE SEMINAL SECRETION IN DISEASE.

By M. LIEGEAIS, Surgeon of the Hôpital du Midi, Paris.

WHEN Godart died, he left to his successors the task of terminating a work which he himself had commenced under the most favourable auspices. Our regretted colleague had adopted as his favourite study, as every one knows, the genital functions of man. Unfortunately, his researches upon the Monorchidie and the Cryptorchidie only were sufficiently completed to form the substance of a monograph—veritable monument, which alone suffices to perpetuate his memory for generations to come.

Of the many differential characters which the semen, altered in its constitution, and compared with normal semen, may present, there really exists but a single one, known up to this moment at least, and that is the presence or the absence of spermatozoa—indispensable element of fecundation. In the physiological considerations, therefore, which I shall offer first of all, I will leave aside quantity, quality, odour, and consistency of this fluid, for these may vary in different individuals, in health or in disease, and the variations are in the generality of cases but of little value. Of the different notions which exist as to the various forms, sizes, and anomalies of configuration which the spermatozoa may present—study of pure curiosity, and here of no practical importance—I shall say nothing. The only question truly useful which I have to put is this—Can the spermatozoa be absent in persons enjoying good health, and in whom the internal genital organs are perfect? Not many years ago such a question would have been answered in the negative. But more recently some authors, Casper, MM. Hirtz, and Mantegazza have published quite a number of facts calculated to shake the opinion so long adopted by all physiologists.

Casper, in his treatise on Legal Medicine (1862) speaking of the examination of spots of semen, cites thirty-one cases which had been submitted to him for legal investigation, where the microscopical characters of semen taken from the seminal vesicles had been studied. In these thirty-one cases the author had noted the presence of spermatozoa twenty-one times, and ten times their complete absence. These last were as follows:—(1) a man, aged 54, died from pyæmia; (2) age 54, drowned; (3) age 63, crushed to death; (4) age 35, hanged; (5) age 33, asphyxia; (6) age 44½, pneumonia; (7) age 80, drowned; (8) age 44, asphyxia; (9) age 43, asphyxia; (10) age 35, hanged. These cases show, says Casper, "that

the semen of man does not always contain spermatozoa." Further researches will decide if a long illness or venereal excesses can influence these productions. "And our observations," adds Casper, "would suffice to prove in practice that the spots certainly come from semen when the microscope shows that they contain spermatozoa, but also that the absence of animalcula cannot prove that these spots do not come from semen." I will simply pause for the moment at this last conclusion, and remark that if in France equal propositions have not been so formally expressed, such has nevertheless been the opinion of all, especially since M. Gosselin's researches upon the subject. In 1861 Professor Hirtz, of Strasbourg, published in the *Medical Gazette* of that city a work entitled "De la Stérilité chez l'Homme." The author there gives the history of two robust men, several years married, and childless, yet presenting no apparent disorder of the genital organs. In these subjects coition was not only performed normally, but with more than ordinary vigour, and yet neither one nor the other possessed traces of spermatozoa. "A remarkable thing," says the author, "and upon which both have insisted, is, that the ejaculations are never followed by that sense of fatigue so generally experienced in the physiological state." Hirtz treated these patients with oil of phosphor, nourished them on truffles and fish, but, in spite of this regimen, neither one nor the other had children. The author concludes, therefore, that there may be persons deprived of the fecundating elements, while the general health and the local state of the genital organs furnish no explanation for such particularity. In these cases, Hirtz remarks, sterility is idiopathic.

When noting in my "Physiology" the opinions of the authors just cited, I possessed so small a number of observations that I could not contest them, and they, besides, seemed so well guarded against attack. I waited, therefore, to collect facts which might corroborate those opinions, but without success. I possess up to this moment seventy-two samples of semen coming from individuals of different agents and constitutions, exempt, however, from any disease capable of influencing either the secretion or the excretion of the seminal fluid, and I must say that in all these cases—apart from a single one, and which I shall explain further on—I have never met with an example of aspermatozoe. When observers in their researches arrive at such variable results, it is evident that the cause of these divergences must depend upon particular conditions in which the subjects under observation have been placed. As regards Casper's results, I would observe that those individuals examined after death were in a most favourable condition for *post-mortem* ejacula-

tions, and which, as every one knows, are not even unfrequent after natural death. With the exception of the two subjects, dead the one from pyæmia, the other from pneumonia, they were asphyxiated, hanged, or drowned. In these cases ejaculation is nearly constant. Its abundance, even, has often been noted—a fact which is easily explained by the exciting influence which the venous blood exercises upon the contractile fibres of the seminal reservoirs. One of the subjects was crushed to death, and here I will let Godart speak. "I must call to mind," says he, "that since 1853 I have frequently noticed semen in the urethra a short time after natural death, and yet in these cases there existed neither semi-erection nor ejaculation as in persons or animals dead from violence. In the numerous animals which I have sacrificed or seen slaughtered, the emission of semen was always abundant, and took place one, two, or three minutes after the animal had been bled, slaughtered, or strangled. During the whole time of the discharge of semen, the tail of the animal was agitated as in normal coition, and I have observed in a hedgehog at this moment the contractions of the bulbo-cavernous muscle. I have seen the ejaculated semen from animals which were killed contain animalcula endowed with movements, and on February 28, 1855, I found upon the person of Guyet, who was crushed to death, semen at the meatus one hour after death, and provided with living spermatozoa."

These facts lead us to believe that the absence of spermatozoa so often observed by Casper in persons dead without disease, was due to the evacuation of the spermatid fluid a short time after death. Casper, it is true, was yet able to find a sufficient quantity of seminal fluid in the vesicles for microscopical examination, but it is more than probable that this liquid was a product of cadaveric exudation, favoured by the abundance of the venous blood contained in the seminal plexus.* As regards Mantegazza's researches, we must not forget that they consisted in the examination of the semen after death found in the seminiferous ducts. Now, whoever has undertaken such researches will understand how difficult it is to discover spermatozoa in these canals, whereas we frequently find them in the seminal vesicles of the same subject. This is doubtless owing to the great debility and anæmic condition of the system from the fatal disease, and which may so much diminish the quantity of spermatozoa as to escape notice altogether.—*Medical Times and Gazette.*

* From this it would appear that even the eminent Casper, of whom the profession heard so much during the late controversy with regard to the appointment of a Government Pathologist and Medical Jurist, was not infallible.—*Ed. A. M. G.*

BATHS OF CONDENSED AIR.

THEIR PHYSIOLOGICAL AND THERAPEUTIC EFFECTS.

By DR. SANDHAL, OF STOCKHOLM.

ANYONE who has seen an ordinary diving-bell will have no difficulty in representing to himself the little bell-shaped chamber, constructed of stout iron plate, about six feet in diameter and eight in height, into which the would-be inhaler of condensed air is introduced on first commencing the treatment. Into this chamber, which is lighted and provided with the resources necessary to enable a couple of hours to be comfortably whiled away, air is driven by a steam engine at a pressure which does not ordinarily exceed half an atmosphere, having been previously warmed or cooled to a required temperature, and purified from impurities by filtration through an apparatus contrived for the purpose. The duration of a *séance* is ordinarily two hours, during the first and last half-hour of which the pressure of the internal atmosphere is gradually adjusted; and this is the only part of the process which can in the slightest degree inconvenience the patient. A diminution in the rapidity of the movements, both of the respiration and the circulation, occurs in the first-place; the former falling, on an average, three, and the latter ten, per minute; the effect upon the pulse being also very perceptible in the altered form of the fluctuations of the sphygmographic line to which it gives rise. Not only the frequency but the rhythm of the respiratory movements is affected, the ratio of the inspiratory to the expiratory murmur being diminished from 4—5 to 4—7 or even 10. Competent observations, also, by the stethoscope and the spirometer, seem further to show that the decrease in the rate of the movements of respiration is accompanied by an increase in the volume of the inspired air, to the extent of 3 or 4 per cent., and this increase is stated to be somewhat permanent in its nature, being evident for some time after the patient has been exposed to the influence of the condensed air. With the increase in the volume of the inspired air, there would be noted, according to Lange, an augmentation in the force of the respiratory movements—that is to say, in the force with which air is drawn into and expelled from the lungs by the respiratory muscles. This fact is closely related to another, and that is, an increase in the muscular energy of the body generally.

These results are accompanied by an *increase of carbonic acid in the expired air*. The temperature of the body rises under the influence of the condensed air, attains a maximum coincidentally with the maximum of pressure, and falls with the

resumption of the ordinary pressure even to a lower point than it exhibited at the outset.

Amongst the results of the bath are two which deserve notice for their intrinsic importance; they are, an *increased activity of the digestive functions*, and an *augmentation in the amount of the urinary excretion*. All observers agree in their testimony as to the improvement which takes place in the appetite of patients whilst under treatment by the compressed air-bath.

The most marked effects of a condensed atmosphere upon the animal economy would thus appear to be of a physiological character, and ultimately referable, in all probability, to the increased absorption of oxygen, and to the histolytic changes to which it gives rise. It is therefore rather strange, that on turning to the therapeutic results which are stated to have been obtained by an application of the process to various morbid conditions, it is to the mere physical influence of pressure exerted upon the capillary vessels of the general surface of the body that we must look for an explanation of the beneficial effects which are said to follow its employment. Thus, in acute and chronic bronchitis, and in chronic laryngitis, especially when accompanied by obstruction of the Eustachian tube, and consequent deafness, the improvement which the statistics of various authorities show to have been effected in a very considerable percentage of the cases submitted to treatment, would appear to be, in all probability, attributable to the tonic influence of the condensed air upon the relaxed and congested capillaries of the mucous membrane, rather than to any other cause. Amongst the affections in which the compressed air-bath has been employed with the greatest success by Dr. Sandhal, is hooping-cough, chronic pulmonary emphysema, pulmonary tuberculosis, and certain uterine affections, more particularly those connected with arrest of the menstrual functions. With reference to this class of affections, Dr. Sandhal submits a series of cases, which seem to show that the compressed air-bath has a very potent influence in stimulating the reproduction of the catamenial function when it has been arrested by constitutional causes.—*Medico-Chirurgical Review*.

THE WARBURG TINCTURE.

DR. CHARLES WARBURG claims to have discovered, in the year 1834, while residing in Demerara, an almost certain cure for fever.

In a recent pamphlet, extraordinary powers are claimed by Dr. Warburg for this medicine, viz., that it will "cut short an attack of fever in the course of two days," that it strikes suddenly and effectively at the root of the fever in every stage, that it is a certain antidote to and prophylactic

of the poison of fever, and its author undertakes, under the penalty of being denounced as a fraudulent impostor, to cure three-fourths of all cases of fever, intermittent or remittent, jungle or marsh fever, or any other disease having the type of intermittence, however long standing, whether weeks, months, or years, in the course of a few days. He even pledges himself, if he does not prove its unquestionable superiority to any other known medicine, to divulge the composition of his remedy to the world without fee or reward.

In England this tincture has been employed successfully by the late Dr. Babington, in Guy's Hospital, who pronounces strongly in its favour, but he used it on the understanding that Dr. Warburg would make known its composition on suitable conditions, when its merits were thoroughly acknowledged.

Though the author defies the power of chemistry to reveal its composition, the analyses of it which have been made, all point to sulphate of quinia as the essential ingredient, which the author neither acknowledges nor denies. In 1848, a commission was appointed in Vienna to examine it chemically, and the three sections into which the commission divided, each of which separately analysed the tincture, all agree that the tincture is a compound of aloe, camphor, saffron, and sulphate of quinia; and by some of them angelica, zedoary, and rhubarb were indicated, in addition. The proportion of alkaloid is about 1 gr. in 3 fl i., and the dose is from 3 i.—3 iv.

Profuse perspiration seems to have usually followed its administration, a property which the author himself adduces as one of its advantages.—*Dublin Quarterly Journal of Medical Science*.

PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS OF THE CALABAR BEAN, EMPLOYED IN HYPODERMIC INJECTIONS.

By M. BOURNEVILLE, House-Surgeon to the Paris Hospitals.

DURING the last few years the Calabar bean has been studied with care, and employed in several diseases. I have personally instituted some experiments, in order to verify certain phenomena and divers therapeutical essays. Among the results which I have obtained, I may just mention the following. Everyone knows that the Calabar bean, when instilled into the eye, produces a very remarkable contraction of the pupil. Now I have been surprised to observe that, when it is injected under the skin, there ensues, on the contrary, a dilatation of the pupil, or else the ocular dia-

phragm remains unchanged. In nine cats and one dog the dilatation was well marked and constant. Furthermore, in two cats I observed an unequal dilatation of the pupils. In four frogs, the pupils remained unchanged, or seemed slightly dilated. It is not only in animals that this peculiarity, already noticed by Fraser, is to be observed, but also in the human species.

A second point which seems interesting to notice, is the antagonism between the Calabar bean and atropine. I have verified this phenomenon in six guinea-pigs. After having injected the bean, atropine was injected. The animal did not succumb when both medicaments were injected in fit proportion; but, two or three days afterwards, a dose of the bean equal to that which had been at first employed being injected into the surviving animals, they all died. This obviously shows the antagonistic action of atropine against the Calabar bean.

From a therapeutical point of view, I have prescribed the Calabar bean, taken through the mouth, to epileptic patients, in 1866, and by the hypodermic method to (1) a woman of sixty-five years, having paraplegia, with spasmodic contraction; and (2) to a young girl of eighteen, affected with chorea. In the first case, in which the paraplegia was most probably due to a tumour seated in the spine, and was attended by marked contraction on the left side I injected, from December 4th to 30th, 1868, from four to thirty milligrammes of the extract of Calabar bean. Notwithstanding the gradually increasing strength of dose, there did not result the slightest amendment. Moreover, the pupils never showed any contraction, but remained after the injections as they were before.

With regard to the choreic patient, who was then in her third attack, I injected, every other day during three months (from February to April, 1869), from six to eight milligrammes of the extract of Calabar bean. The symptoms gradually abated, without disappearing entirely. Contrary to what has been noticed by Ogle and others, there was no speedy cure in this case. Again, in this case as well as in the former and in my experiments on animals, either the pupils remained unchanged, or became slightly dilated. If the dose was not increased, it was because the weak dose which I employed had already produced some bad symptoms: restlessness, pallor of the countenance, clammy sweats, lipothymy, slow and small pulse, and, occasionally, bilious vomiting. These facts, besides confirming certain views which have been since then advanced, show that the administration of the Calabar bean by the hypodermic method is possible even now, as has been shown, moreover, by Eben. Watson. The doses above-mentioned may, therefore, serve as a guide.—*Lancet*.

TREATMENT OF CONGESTIONS OF ERECTILE ORGANS BY HYPODERMIC INJECTION OF MORPHIA.

DR. BOULOUMIÉ, of the Military Hospital of Toulouse, has frequently employed hypodermic injections of morphia against the painful nocturnal erections so common during an attack of gonorrhoea, with very considerable success. He injects under the skin, in the neighbourhood of the fourth lumbar vertebra, 15 drops of a solution of hydrochlorate of morphia, in distilled water of the strength of about five grains to the ounce (a fifth stronger than our pharmacopoeial preparation). If this be done in the afternoon, the chordee is notably diminished during the ensuing night. The injection should be repeated near the same place next afternoon, and then the sedative effect will be so complete that another will not be needed for two nights, after which the cure will probably be completed. The same treatment has also been used with good effect in cases of stricture, chancre, and after the operation for phymosis. Dr. Bouloumié suggests that it might also be tried in females for dysmenorrhoea, or in cases where abortion is imminent.—*Gazette des Hôpitaux*.

THE AMMONIA TREATMENT OF SNAKE-BITE.

DR. FAYRER is still continuing his experiments with snake-poison in India, and has recently, in conjunction with Dr. Ewart and others, attempted to ascertain what are the real virtues of the ammonia treatment of snake-bite, suggested by Professor Halford. Dr. Fayrer finds, in the first place, that the injection of ammonia into the veins of healthy dogs is a serious matter, producing grave symptoms, such as convulsions and marked muscular prostration, life being often imperilled. In the second place, the bite of the cobra seems to produce its ordinary effects, even when ammonia is injected into the veins of dogs. A large, powerful dog had the right femoral vein exposed, and was then bitten by a fresh and full-grown spectacled cobra in the left thigh, at 3.6 p.m. In two minutes it began to stagger, and micturated. Forty drops of tincture of ammonia were then injected into the femoral vein very carefully at 3.9. The dog was violently convulsed. At 3.10 it stood up, and breathed rapidly. At 3.18 it stood alone. At 3.15 it lay down, and salivation was profuse. At 3.20 it was better, walked, but dragged the injected leg. At 3.30 thirty drops of ammonia were again injected. After this the animal became sluggish. At 3.43 it was worse, and forty drops of ammonia were injected under the foreleg; and so matters went on till the dog died at 3.54, or in forty-eight minutes, about the usual time after

snake-bite. This is a sample of the experiments. In one case the ammonia treatment hastened death. Dr. Fayrer also records other instances in which he obtained evidence to show the immunity of the venomous snakes from any evil effects from bites of their own species, or other poisonous snakes. These experiments are recorded in the *Indian Medical Gazette*, and form an interesting contribution to the general question of the treatment of snake-bite.—*Lancet*.

THE MEDICAL TIMES ON THE PROPOSED QUALIFICATION IN "STATE MEDICINE."

We think that the idea of making medical men experts in all the subjects marked out by the committee to be included in State Medicine is entirely Utopian. It appears to us that Dr. Acland was not so happy as usual when he instanced, as an argument in his favour, the necessity sometimes to medical men of a practical knowledge of portions of engineering science. We are quite sure that when such questions are brought to medical men, they had infinitely better be referred to regularly educated engineers, just as the most eminent German witnesses called by the committee recommend that, even when there are State Physicians, chemical examinations for the detection of poison should not be intrusted to them, but be referred to professional chemists, or to Government professors of toxicology or chemistry.

SULPHITES IN CASES OF PURULENT INFECTION.

By DR. FERRINI.

DR. FERRINI relates two cases of purulent infection in which the use of the sulphites appears to have produced very beneficial effects. The sulphites employed were those of magnesia and soda, the former being used internally and the latter externally. Dr. Ferrini considers that the sulphites, in such cases as those which he records, not only strengthen the system and protect it from decomposition, but that they also act as preventives against purulent infection. He observes that they are diuretic, and not cathartic, and that all their therapeutical action depends on their *antifermentive* properties. But the sulphites must be given with due care, and should not be administered in insignificant doses, or in combination with other remedies which act in a different or contrary manner. They should also be given with a sufficient quantity of water for their solution: the sulphite of soda is soluble in four parts of water, but the sulphite of magnesia requires at least twenty times its weight of water in order to be absorbed. Another indication is not to give

the sulphites with acid drinks, for the acids absorb the base of the salts, and set at liberty sulphuric acid. Lastly, the sulphites should be given in sufficient quantity, and even an ounce a day may be necessary in certain cases.—*Annali Universali di Medicina*.

ANTISEPTIC USE OF CARBOLIC ACID.

THE following useful formulæ are taken from an interesting paper on this subject, by Dr. Bell, in a late number of the *Edinburgh Medical Journal*:

Carbolic Acid Lotion, or pure glacial acid dissolved in water. This may be used in various strengths, from 1-20 to 1 in 100, the stronger being used for injecting old abscesses and sinuses, washing out recent wounds, etc.; the weaker for disinfecting sponges, cleaning stumps, etc.

Carbolic Acid and Linseed Oil.—a. 1-6, in this the lint used as the antiseptic veil for opening abscesses is steeped; b. 1-12, of this the paste is prepared, with which recent stumps are dressed.

Plasters composed of Shellac and Carbolic Acid.—These are of three different strengths, of which the first two, 1-8 and 1-6 respectively, are used as antiseptic protective plasters; the third (1-100) merely in cases where the ordinary lead plaster would be used, with the advantage that the carbolic acid corrects the fætor.

NATIONALITY OF RECRUITS.—The Army Medical Report for 1867, states that, of every 1000 recruits, England and Wales furnished 710; Ireland, 172.6; Scotland, 111.6; the colonies and foreign countries, 5.8. While the proportion of English and Scotch recruits has increased, there has been a considerable decrease in the number of Irish.

DR. H. BLANC is pursuing in London the practice of vaccinating direct from the heifer. He founds his procedure on the acknowledged deterioration of the primal human lymph. Dr. Seaton contests this deterioration. But Dr. Blanc's conclusion appears to have the balance of authority. He calls to mind the fact that Jenner originally was content with one puncture, and that the protection it afforded was good, whilst now Dr. Marson finds protection is not good unless at least four vesicles are produced. In other countries it has been found desirable to start afresh, and there seems to be good reason why we should do the same.—*Lancet*.

COMMUNICATIONS for the *Australian Medical Gazette* should be forwarded to the Editor, care of Messrs. CLARSON, MASSINA, AND CO., 72 Little Collins-street East, Melbourne.

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Original Articles.

ON REMOVAL OF THE THYROID GLAND
BY CAUSTIC ENUCLEATION.

By E. G. FINE, Licentiate F. P. and S., Glasgow.

*(Read before the Medical Association of Victoria,
10th September, 1899.)*

CHRONIC enlargement of the thyroid gland, constituting the disease termed bronchocele, is a malady for which no reliable remedy short of operative interference has yet been found. Iodine and its salts, long regarded as specifics, have, in my experience, failed in evidencing the valuable action observed by others; indeed, I cannot conceive how we can localise, circumscribe, and concentrate the operation of this medicinal agent on a particular gland, without detrimentally affecting other healthy ones, equally liable to its influence; and in its external application I have no confidence, save in the case of cellular abscess, or acute erysipelas, where a certain benefit is derived from its direct caustic action on the tissues, no portion of the drug reaching the circulation. Extirpation suggests itself as the best mode of dealing with the evil; but, associated with this idea, we are confronted by the formidable risks immediately incurred by surgical excision. Little anxiety need be excited as to the possibility of suppressing, with the removal of the organ, any important function of its performance, imperilling existence in an imminent degree by compromise of the interests of the general economy; for while in an unlimited sense it may be affirmed that the visceral system in the higher vertebrates is arranged on principles of vicarious co-operation, one organ, by increased action, atoning for the defects of another; it may, in a special sense, be so declared of the thyroid gland, the principal duty of which, the elimination of the blood corpuscles, is participated in by the pineal, pituitary, thymus, and lymphatic glands, spleen, and suprarenal capsules. Nor need we entertain serious apprehensions with regard to other attributes with which the speculative theories of physiology have invested it, as it must be patent to the common sense of every reflective mind that, in circumstances indicating the expediency of removal, any useful property of actual exercise must have been either permanently arrested by degeneration of tissue, or otherwise so morbidly increased by the hypertrophy of structure, as to render the alternative of removal desirable.

In the majority of instances, bronchocele will be found associated with pulmonary consumption, a circumstance apparently suggestive of non-interference, as it might be argued that so formidable a disease, generally incurable, underlying the thyroid affection, the removal of the latter would

raise a hope of recovery in the patient's mind, destined to disappointment in the rapid progress and fatal termination of the former. But may not a rational doubt be advanced whether the development of passive tubercle, deposited in a strumous constitution, may not have been effected by this very tumour pressing laterally on the pneumogastric nerves, so as to impair the respiratory function, thus realising a most formidable proximate cause of tubercular disease; and, under all aspects of the case, reflection justifies the propriety of removing a mass, superfluous in the economy, the maintenance of which must constitute a very oppressive tax on a strumous system, inadequate to its own proper support, without making special reference to the painful construction of the trachea, and the sense of suffocation apparent in the livid countenance and protuberant eyeballs.

It may be a question whether some risk should be incurred in extirpating a tumour weighing, in some instances, several pounds, to which the patient's system has adapted itself, the equilibrium of which latter being so much disturbed by the operation that death might prove an inevitable, if not an immediate, result.

Let it be remembered, however, that an enlarged thyroid gland is extremely deceptive in appearance, never consisting of a simple hypertrophy of the natural tissue, but either of a vast congeries of blood vessels, which, when congested, exhibit the tumour far more enlarged than when in a comparatively quiescent state, or otherwise it is multilocular in its character, the area of the numerous cysts being, of course, not included in the actual substance.

Should these considerations indicate the propriety of removal, the question arises as to the best mode of effecting it. The idea of excision is not to be entertained for one moment. The vascularity of the organ, the trunks of considerable arteries pervading its structure, imperatively forbids such a measure, under penalty of fatal hæmorrhage, or at least an expenditure of blood debilitating the system for months subsequently.

Should the abnormally-shaped gland assume a pedunculated or any neck-like constriction, ligature by wire or whipcord, drawn tighter day by day, might accomplish the object; but, till ulceration through the skin had taken place, the agony and constitutional disturbance would be excessive.

Setons, by promoting suppuration, and thus reducing the size of the gland, would prove only partially and temporarily beneficial, inasmuch as a large amount of the substance must be left unaffected by the seton; such residue by its reproductive power rapidly replacing the portions removed. Fragmentary excision is inadvisable, for the reasons adduced in reference to excision of the whole gland; in fact, all measures, in my estima-

tion, are surpassed by what I have somewhat arbitrarily termed enucleation, performed in the following manner.

Saturate half a dozen pieces of lint, each about one inch square, with liquor ferri perchloridi, and having placed the patient under the influence of chloroform, next grasp the tumour with the left hand, repressing the skin to render it tense, and with a bistoury in the right make a longitudinal incision in the mesial line, about two inches in extent, dividing all the subjacent tissues to the surface of the tumour itself. With the finger, or handle of the instrument, rather than the blade, separate the connection between the areolar tissue and the gland as far as may be conveniently reached, arresting the bleeding, and destroying the possibility of the integument and gland reuniting, by interposing pieces of the lint referred to. This accomplished, make an incision in the gland itself corresponding in length to the superficial one, but of a depth varying from an inch to an inch and a half; now introduce a pair of Fergusson's forceps—one blade passed into the incision in the gland, the other on the circumference of the gland, external to it but within the integument—and break up the substance of the gland by pressure repeated in every direction; plug the cavity thus formed to its utmost capacity with the lint saturated with liq. ferri perchlor. The influence of the chloroform having passed away, remain long enough to insure safety from bleeding; direct the application of a large warm poultice over the wound as soon as the lint and parts operated on have firmly concreted.

On your next visit, at the end of a couple of days, having bathed the wound with warm water, remove the lint and scrape off with your nail the coagulated blood, so as to obtain as far as possible a raw surface for further operation. Anoint the skin in the immediate vicinity with oil; dip a small piece of lint in undiluted nitric acid, cauterising therewith the circumference of the cavity—a painless process, not requiring chloroform; direct warm poultices and fomentations to be applied for two days longer, when a fetid sanious discharge will ensue.

At your next visit, with the finger tear through the centre of the gland until the cartilage and tracheal rings are felt, thus assuring yourself that the lobes are permanently divided; remove with the nail as much of the *débris* of the organ formed by the nitric acid as you can; re-apply the caustic, and poultice as before.

Thus proceeding, it is perfectly evident that the whole structure will gradually be exfoliated, ultimately coming out in masses the size of an acorn—vitality being destroyed by detachment of the skin and the destructive power of the acid. The removal of the largest of the three tumours I

have thus operated on—about a pound weight—being effected by ten applications.

I would recommend that as the cavity increased in dimensions, and the gland became proportionately obliterated, that the surgeon sacrifice the appearance of his fair white hand and symmetrically cut nail to the vital interests of his patient. Dispensing with a rag, penholder, or any other appliance, let him dip his finger into the nitric acid, and having first identified the proper locality to be cauterised, apply it—a caution absolutely necessary when it is remembered that, notwithstanding the rotund well-defined character of the tumour externally, that its base is often diffused or laterally expanded, insinuating itself in thin layers beneath the sterno-mastoid muscles, and enveloping the sheath of the carotids, to the texture of which it is tenaciously adherent, and so difficult to detach by the nail, that I have left a small portion rather than use the nitric acid and risk the destruction of the pneumogastric nerve, or burning through the coat of the vessel, the full round pulse of which is most distinctly felt under pressure of the finger.

On removal of the tumour, the integumental capsule that contained it will exhibit an appearance like a pelican's pouch. I dispensed with it in one case by removing the redundancy of skin by section, bringing the raw edges in apposition, thus effecting union by first intention—a measure altogether unnecessary under the circumstances, as nature left to herself in a short time obliterates the cavity, leaving no trace perceptible but the cicatrix of the incision.

The foregoing description conveys the idea of uninterrupted prosperity in the progress of these cases. Candour demands that I should rectify the impression. In the second case, where the removal was effected by eight applications, the patient being of an emaciated weakly constitution with chronic bronchial cough, the evidences of deterioration from the first day's proceedings were so apparent that my utmost efforts were required to persuade the relatives to allow me to persevere. The low pulse, cold skin, areolæ round the eyes and mouth, the atrabilious hue of the countenance, vomiting, want of sleep, and inability to take nourishment, all established immediately consequent on the first stage of operation, made me heartily regret my temerity in undertaking the case. But I reasoned, and I think reasoned correctly, that, left under existing circumstances, the woman would certainly die, an event attributable to the conjoint influence of her original malady and the morbid state of my artificial induction. If she died, all further efforts in the case arrested, the operation alone would be blamed, her original condition predisposing to such a result being altogether ignored. I therefore endured reproof

and censure, liberally administered, gratified with the permission accorded, and ultimately had the satisfaction of seeing a complete recovery.

Williamstown, September, 1869.

OXIDE OF SILVER, IN HOOPING-COUGH.

By WILLIAM MACFARLANE, M.D.

HOOPING-COUGH is one of the many *opprobria medicinae* that have tried the patience not less than the skill of practitioners. Though seldom dangerous, it is the source of much annoyance to the physician, as well as of anxiety to the relatives of the patient, and is little amenable to treatment. Drugs have so uncertain an effect in this complaint, that it may well be doubted whether the disease be prolonged and intensified or curtailed and mitigated by their administration; and when at length recovery does take place, the credit of it should rather be ascribed to the *vis medicatrix naturae*, than to the tardy skill of the professional attendant.

That oxide of silver shortens the pertussis, I have every reason to believe, as this remedy has been employed by me, with unvarying success, for some years. I am not aware that this drug has heretofore been administered as a remedial agent against hooping-cough. It has also been tried in a case of asthma, now under treatment, with marked amelioration of symptoms.

Dose.—One-sixth of a grain, three or four times daily, in any simple powder, up to one year of age. Ballarat, November, 1869.

ON AIR AND WATER POISONING IN MELBOURNE.

By SIDNEY GIBBONS, ANALYTICAL CHEMIST, F.C.S., &c.

THE following is the substance of an interesting paper read before the Royal Society, on the 22nd ult., by Mr. Gibbons:—

After condemning the filthy practice of disposing of sewage by flushing—which consisted in turning a water-pipe into a cesspit, connected with a common drain, into which its contents then flowed—Mr. Gibbons asserted that the filtration system—which had found some advocates—was not sufficient to counteract the evils of this plan. He then proceeded to state that he had taken samples of the contents of several of the drains and gutters within the city for the purpose of analysis. Amongst other places visited was the Lying-in Hospital, from which five samples were taken, which, on analysis, proved to be very impure. A sample was also taken from the open sewer in the Fitzroy Gardens. The gully running through the Gardens from north to south was nothing more or less than the sewer draining a portion

of Victoria Parade, and the blocks on the south side between that thoroughfare and the Gardens. On examination, the sample was found to be very foetid and turbid, and betrayed its origin to the unaided senses. A sample of Yan Yean water proved, on analysis, to be clear and sweet, though it contained a very minute bright green deposit of long standing. Experiments were made to test the efficacy or value of the filtration cesspits. The examination showed that, in some instances, at least, enormous quantities of matter escaped, and that, in fact, the filters were not filters at all, but were only strainers, which delayed the passage of the excrementitious matter until it was sufficiently broken up to pass through the flow-holes. He had, therefore, no hesitation in saying that the water discharged into the thoroughfares of the city from the filters contained more or less of excretal matter in a state of decomposition. Microscopic analyses of the various samples were also made, which proved the existence in them of various vegetable and animal organisms. The few organisms which inhabit the Yan Yean were all healthy, and indicate a sweet, pure water, as was shown by their presence, as well as by the absence of others which were uniformly associated with the decomposition of organic matter of various kinds. In the fresh filtered sewage, on the other hand, the higher organisms of each class appeared in direct proportion to the amount of dilution, and as decomposition set in they gradually died out, and were replaced by lower grades. Much of the liquid taken from the street gutters was simply sewage, differing only in age from that which flowed in the London sewers. As the sewers in Melbourne were on the roadway, instead of under it, their contents were exposed, and the gases emitted from them, instead of being confined in long covered drains, were diffused in the atmosphere, and respired by the residents and passers by. The smell was only a small part of the evil, but was an intimation that the germs of disease lurked behind it. In addition to the amount of filth deliberately discharged into the public thoroughfares there was also the large and increasing amount proceeding from soakage, as few of the cesspits were watertight. There was not much difference between the filthy practice of flushing and the more refined process of filtering; for very little matter, and that not the most noxious, was retained by the filters, but the discharge being so largely diluted, it rarely offended the senses, and so escaped notice. In his report to the Health Committee of the City Council, Mr. Gibbons drew attention to the difficulty that was experienced in keeping even well-built cesspits watertight, owing to the presence of urine, and suggested that its discharge into the gutters was far less dangerous than storing it in open pits adjacent to dwelling-

houses, there to ferment, and set other more offensive matter fermenting also. The filthy practice of building one cess-pit between two adjoining houses was most reprehensible. In view of the signal failure of the existing methods for carrying off the sewage with the least possible danger, it was satisfactory to note that both flushing and filtration had been stopped in every known instance—which was certainly a step in the right direction.

AMMONIACAL INJECTION IN SNAKE-BITE.

THE particulars of the following case of snake-bite seem to have been deemed so important and conclusive as to the value of this plan of treatment in cases of snake-bite, that they have been reiterated in the columns of the *Argus* of the 1st, 2nd, 3rd, and 6th inst. :—

A farmer, named James Coutts, was bitten by a *diamond-snake*, about five feet in length, on Saturday morning, 27th ult., at McCallum's Creek, Talbot. About one hour and a half after receiving the bite, Dr. Dowling injected liquor ammoniac into the veins, subsequently repeating the operation several times. So severe were the effects of the bite, that only on the following Tuesday—three days after the accident—was Coutts recovered from the fearful consequences. In reporting this sensational case of snake-bite, Dr. Dowling concludes with the following passage :—“ Whatever may be the opinion of others who are much given to theorising and criticism *without experience*, of this I am convinced, that for the poison of the brown or *diamond* snake, the ammonia is the direct antidote; and in any number of cases where they could be treated sufficiently soon, I should feel as confident as to their issue as we can naturally be of anything in our somewhat uncertain art.”

Unfortunately for the great skill and large experience of Dr. Dowling, as well as for the *prestige* of ammoniacal injection, it happens that the *diamond snake* is *perfectly harmless*. This statement is made on the authority of Gerard Kreft, Curator of the Australian Museum, Sydney, one of the best authorities in the colonies on a subject which he has studied for years.

We feel it almost necessary to apologise for destroying the romance and sensation of so wonderful a recovery from the bite of a harmless snake. In future it would only be prudent if those gentlemen who are ambitious of rushing into print and attempting to sneer at others, were in the first instance to make sure they are not exposing themselves to ridicule and to the risk of being hoist with their own petard. It may not be out of place to caution those gentlemen, who appear so ready

to inject ammonia in every case of snake-bite, whether venomous or not, to study the subject a little, as, if death resulted after injection, they might find themselves in an unpleasant position before a coroner's jury should the snake turn out to be of a non-venomous species. All snakes, whether poisonous or not, are repulsive creatures, inspiring a certain amount of terror; and most persons, on being bitten by a reptile of any description, are greatly terrified. There can be little doubt that in many cases of snake-bite the effects of fright and shock to the system have been mistaken for those of snake-poison.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the Australian Medical Gazette.)

ON THE ABSORBING POWER OF THE MUCOUS MEMBRANE OF THE BLADDER, BY DR. SUSINI.

[SEGALAS has stated that the absorbing power of the bladder was greater than that of the stomach. Acting on this statement, several medical men attempted in cholera to check the disease by injecting medicines into this organ, but the results were not satisfactory, and this was attributed to the disease being too far advanced, the bladder having lost its power of absorbing. The injection of a large quantity of water, of the temperature of the blood, restored the heat of the body for a time. Later observations tend to throw doubts on this statement of Segalas. Berard, Civiale, and others, found the power to be feeble. The practitioner has constant opportunities of observing the effects of the absorption of urea in retention of urine. It is to be regretted that Dr. Susini did not examine the absorbing power of the lining membrane of the ureters.]

Dr. Küss found both in man and in animals that it had no power. Susini considers this want of endosmotic power to be a healthy condition from the urine containing substances injurious to the system, and that if they were easily reabsorbed, either acute or chronic poisoning would result.

He injected a solution of iodide of potassium into his bladder, and retained it there for two hours, but could not detect any traces of the salt in his saliva. A similar result was observed in rabbits and guinea-pigs.

The bladder of a guinea-pig was injected with a solution of cyanide of potash, and the external wall touched with perchloride of iron, but there was no discoloration. The animal was destroyed with chloroform, and twenty minutes after death the coloration deepened, but it did not become general for three hours. The same was observed in frogs, although the walls of their bladders are

very thin, but in the intestinal tube the transudation was very marked.

Dr. Küss injected a strong solution of belladonna into the bladder of a patient; no dilatation of the pupils was excited.

In twenty-one cases in which strychnine was injected, no effect was produced in nine.

In the cases in which the medicine produced its effect, Susini considered that the integrity of the mucous membrane was destroyed by the point of the catheter.—*Thèse de Strasbourg*.

ON THE ACTION OF THE ELECTRICAL CURRENT IN CAUSING THE ABSORPTION OF EFFUSED FLUIDS.

At a late meeting of the Société de Thérapeutique, Dr. Paul drew the attention of the members to the power possessed by a continuous electrical current in causing, independently of its chemical action, the absorption of effused fluids. In 1868, M. Scoulteten published a case in the *Gazette Médicale*, in which he succeeded in causing in half an hour, with the negative pole of a Bunsen's battery applied to the scrotum in hydrocele, 100 grammes of the fluid to be absorbed.—*Gazette Médicale de Paris*.

ACCOUCHEMENT—INFANT DESTROYED—SECOND ACCOUCHEMENT AT THE END OF TWO MONTHS.—BY DR. FISCHER.

THE patient, aged 29 years, had had two children, the youngest being three years. On the 17th of April she went into a wood, and after some pains, delivered herself of a living, full-grown child. In the evening she returned to the house where she resided as a servant, and the next day went to work in the fields as usual. She was arrested on the 2nd of May, when the signs of recent delivery were well marked. This woman was seen by Dr. Fischer in prison on the 22nd of June; she then complained of bearing-down pains in the lower part of the abdomen, and asserted that she was about to be confined again. The next day a large mass was expelled from the womb. It consisted of a foetus four inches in length with its membranes. Several hydatid cysts were attached to the ovum. When seen she was exsanguine, and there had been a considerable discharge of blood. There was subsequently colostrum from the breasts and lochial discharge. The uterus was low down, it felt large and soft, and the os readily admitted the finger.—Condensed from *Vierteljahrsschrift für Gerichtliche und Öffentliche Medecine*.

FRACTURE OF THE LARYNX.—BY DR. FREDET.

On the 5th of April, a man, aged 30, was grasped by the throat in a quarrel. When seen shortly afterwards, he was suffering from extreme difficulty in breathing; his face was livid, and there was slight discoloration at the lower part

of the larynx, more pronounced on the right than on the left side, the cellular tissue of the anterior part of the neck was infiltrated with air; leeches were applied, with relief to the breathing, and some hours later, the patient for the first time since the accident, was able to make himself understood. During the night of the 7th, while attempting to get into bed, he suddenly expired. The *post-mortem* examination showed no effusion of blood in the hyoidean region, but the thyrohyoid muscle of the right side was infiltrated with blood. The cricoid cartilage was fractured in three places; one fracture, situated on the posterior part, was vertical, and its edges were so smooth that it appeared to have been made with a cutting instrument; the two others were on the right and left sides, oblique in direction, with displacement of the parts. The left arytenoid cartilage was incompletely dislocated, and the transverse arytenoid muscle infiltrated with bloody serum. There was considerable oedema of the glottis, and of the aryteno-epiglottidean ligaments and the chordæ vocales; the left ventricle of the larynx was completely obliterated, and the laryngeal mucous membrane was deeply injected. The lungs were of a deep violet colour, and dark blood flowed when they were incised; the cavities of the heart were empty.

In a case which the author cites from Mr. Hunt, published in the American journal, the front of the neck was struck by a piece of wood. In a quarter of an hour afterwards the man's face was anxious, breathing difficult, inability to articulate, but he had no pain, and could swallow without difficulty. The anterior and lateral parts of the neck were emphysematous. He continued to get worse. Twelve hours after the injury tracheotomy was performed, with slight relief, but he sank into a state of collapse, and died seven hours after its performance. There was an oblique fracture of the thyroid and cricoid cartilages, with displacement, the ends protruding through the mucous membrane. There was oedema of the glottis, with sero-sanguinolent infiltration of the arytenoid folds; the lungs were emphysematous at their superior parts, congested at their inferior, and the anterior mediastinum was distended with gas.

Hunt collected 27 cases; of this number, 17 proved fatal. In eight of the cases tracheotomy was performed; death occurred in two of these. The causes of the fractures were blows, falls on the larynx, pressure, and, in two, attempts at strangulation.

The most constant symptoms were dyspnoea, alteration of the voice, hæmoptysis, and emphysema. The fracture could in some cases be detected if the swelling was not great. Dr. Fredet strongly advises that tracheotomy should be per-

formed as early as possible.—*Condensed from the Archives Generales de Medecine.*

INFLUENCE OF ADHESIONS ON THE SUCCESS OF THE OPERATION OF OVARIOTOMY.

In a paper published by Dr. Koberle, in the *Archives de Medecine*, it is stated that in 29 cases in which there were no adhesions 26 recovered; in 80 in which they were slight, 27 recovered; and in 41, in which they were extensive, as many as 23 died.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: WEDNESDAY, DECEMBER 15, 1869.

CHARGES of rape are so frequently the subject of investigation in our criminal courts, that the case of the boy Adams, of which the public and the profession have lately heard so much, is a subject of considerable importance in a medico-legal point of view. The facts of this case are, shortly, that William John Adams, a lad of seventeen years, charged with having committed a rape on his sister, Elizabeth Adams, a girl between eight and nine years old, on the 20th of March last, was tried at the Ararat Circuit Court in the July following and convicted of the offence. The medical witnesses at the trial, who had examined the girl Adams immediately after the occurrence of the alleged rape, deposed that she was at that time suffering from a copious mucopurulent discharge from the vagina; that her genitals were swollen, painful, and inflamed; and that the hymen was more or less imperfect. They also deposed that the lad Adams was labouring under a chronic urethral discharge, apparently of a gonorrhoeal character. After the conviction of young Adams, and some four or five months subsequent to the date of the alleged rape, his parents, naturally reluctant to believe in their son's guilt, brought his sister to Melbourne for medical examination, and succeeded in obtaining certificates from several metropolitan practitioners, stating that in their opinion no rape had been committed. This opinion was based on the existence of a more or less perfect hymen, and on the danger of relying too much on vaginal discharges as evidence of guilt in charges of rape. It is perfectly true that in cases of

this kind, vaginal discharges—liable to result from many other causes as well as from impure intercourse—should be regarded with due caution; but, with regard to the state of the hymen, we maintain that although, in conjunction with other circumstances, it may afford valuable evidence, taken by itself its presence or absence is not of the smallest value. With the lay or general evidence, however unfavourable to the prisoner, we have, of course, nothing to do; but, in order to arrive at a just estimate of the medical testimony, it will be necessary to bear in mind the legal as well as the medical aspect of rape. In a medical or physiological point of view, the commission of rape infers complete penetration of the vagina, and emission, usually involving destruction of the hymen; whereas, in the legal sense, rape infers none of those circumstances, simply consisting in vulval or pudendal penetration only, without emission.

The medical evidence in cases of rape is derived from the state of the hymen, from injuries to the internal or external genital organs, the communication of contagious disease, the existence of spermatic stains on the underclothing, the presence of spermatozoa in the vaginal mucus, and, in grown up women, who are able to offer resistance, from injuries on the body and limbs. The absence of the hymen, which may arise from accident or disease, when taken by itself, is a matter of little import, while its presence is well known to be compatible not only with intercourse, but with pregnancy. Little reliance can, therefore, be placed on the existence or non-existence of this membrane in charges of rape, more particularly in the case of children of tender years. If this membrane, however, were found recently ruptured, it might afford valuable evidence with regard to sexual intercourse. Laceration or contusion of the internal or external organs of generation also furnishes evidence in cases of rape; but the existence of injuries of this kind depends a good deal on the age of the parties, and whether the prosecutrix be married or not. In the present instance, the principal injury, independent of the mucopurulent discharge, was considerable vaginal inflammation. The direct communication of contagious disease is usually regarded as reliable evidence in cases of rape. No mention is made in the present case of spermatic stains on the clothing of the girl; the existence of which would be presumptive evidence of intercourse.

The finding of spermatozoa in the vaginal secretion may be considered as satisfactory proof of intercourse having taken place. The medical men who examined the girl Adams shortly after the commission of the alleged rape, and who must be allowed to have had a better opportunity of knowing the exact circumstances than those gentlemen who did not see her for four or five months afterwards, were agreed that, immediately after the alleged rape, the hymen was more or less imperfect; that she was suffering from a copious mucopurulent discharge from the vagina, accompanied by considerable pain and inflammation. They also found the prisoner labouring under urethral discharge of a gonorrhoeal character. The result of treatment, in conjunction with the vigorous health of the girl, negatives the suggestion that the vaginal discharge was the consequence of constitutional disorder. Taking, therefore, into account that the hymen was imperfect; that a girl, otherwise healthy, was suffering from the symptoms of acute gonorrhoea; and that the prisoner had a similar disorder in a chronic state, it is difficult to perceive how the medical witnesses could have arrived at any other conclusion, but that intercourse had taken place, or, at least, been attempted. That any reliable signs of rape would be observable upwards of four months after the alleged commission of the offence, is exceedingly improbable; all authorities agreeing that the symptoms of rape are very evanescent, seldom continuing for more than one or two weeks at the most, and that the offence may be perpetrated, in the case of children, without leaving any permanent traces behind. After the lapse of four months, the only symptom by which to judge of the previous commission of rape, would be the condition of the hymen; the state of which membrane is admitted by all writers to be entitled to little confidence as a diagnostic mark of violation.

It is to be regretted that medical men are sometimes prevailed on without sufficient consideration to give opinions on *ex parte* statements, not only reflecting on the capacity of their medical brethren, but calculated to lower the value of all professional opinion in the estimation of the public. Such a state of things, although creditable to their humane instincts, is by no means flattering to their prudence and foresight. Every practitioner is directly interested in upholding the principle

that the medical man personally conversant with the particulars of any case must of necessity be a better judge of its merits than one who after a lapse of time derives his knowledge from *ex parte* statements and from an altered state of circumstances. The differences of doctors, although proverbial, do not add to their *prestige* in public estimation; and unless in cases of very obvious mistake or error of judgment, it would be well that medical men did not permit their kindly feelings to be made use of to cast doubts on the opinions or capacity of other practitioners. If professional men will not respect the opinions of each other, how can they expect the public to have any confidence in the profession? It is far better to resist importunity in the first instance, than to be betrayed into unseemly antagonism with each other to the injury of the profession at large. If the fifty-nine practitioners, who unsuccessfully memorialised the Executive in favour of young Adams, on the ground that the medical testimony at his trial was unreliable, have brought themselves into the awkward dilemma of either having to admit that their opinions were given without due consideration, or on the other hand to maintain that a pregnant female whose hymen is intact is still a virgin (!) they have nobody to thank but themselves. Were it, for argument's sake, admitted that the medical witnesses at the trial were mistaken respecting the state of the hymen, even this admission would not help the memorialists out of the dilemma, as the commission of rape is perfectly consistent with the integrity of this membrane.

EX UNO DISCE OMNES.

FEARING, from the limited circulation of our contemporary, that the following article, which is intended for leading matter in the columns of the *Australian Medical Journal*, might not obtain the notoriety which it deserves as a specimen of the literary and professional ability of an individual who aspires to lead and direct the profession as the editor of that journal, we gladly give it the benefit of insertion in our pages. It would be unpardonable to overlook the merits of a production, almost every line of which is adorned with such literary gems as "antagonism of ignorance," "impotent envy," "petty snarlers," "gutter of literary muddiness," "demi-wolves," "snarling commentators," etc., etc. By the way, it is not very clear what the amiable writer means by the phrase,

"gutter of literary muddiness." For our own part, we may safely state that we know no member of the profession to whom the phrase, "antagonism of ignorance" is so applicable as to the *protégé* of that eminent "pathologist" the City Coroner, for imparting to the former the knowledge of how to perform a *post-mortem* examination that functionary is represented as taking credit to himself. It is unfortunate for Professor Halford that the frantic efforts of his literary champion are more damaging to his reputation than the honest criticism of those who question the "marvellous influence" of ammoniacal injection. It is a matter of surprise and regret that any section of the profession should so long continue to countenance a journal which, if it represents anything, it can only be the vindictive instincts of its conductor, who is never tired or ashamed of pouring torrents of coarse abuse on the heads of those who are guilty of the heinous offence of differing from him in opinion.

We fear that the author of the "antagonism of ignorance" can never forgive those gentlemen who stood between him and his prey, and defeated the selfish designs of Professor Halford and himself to degrade the practitioners of Melbourne, and to monopolise the *post-mortem* fees. *Hinc illa lacryma.* Perhaps our readers may not be aware that this gentleman is the author of the notorious article headed "Demi-Wolves," in the *Australian Medical Journal* for November, 1868, immediately after his unsuccessful application for the post of Government Pathologist—an article which may truthfully be characterised as a libel on every medical man in Victoria.

"THE ANTAGONISM OF IGNORANCE.—An attempt as foolish as malevolent is being made by a happily limited section of the profession to disparage the value of Professor Halford's investigations on the direct injection of remedies into the blood. Nobody who knows anything of the character and animus of the persons from whom these contemptible manifestations proceed, is surprised at them. They are nothing more than the expression of impotent envy at the success of a man whose industrious devotion to the science of which he is so able a teacher, these petty snarlers are incapable of either imitating or emulating. The littleness of their spite might well justify us in passing it by as too contemptible even for derision, were it not that a portion of the daily press has given currency to the mis-statements contained in a periodical ostensibly representing the profession, but in reality devoted to the gratification of personal hostility, which, but for this gutter of literary muddiness, would not readily find an opportunity of sending its paltry stream of abuse into the world. The particular circumstance which has evoked the latest explosion of wrath on the part of the demi-wolves who support this dis-

reputable publication, is the very deserved compliment gracefully paid to Professor Halford by Dr. Bird, the President of the Medical Society, at the recent dinner. It need hardly be said that the decent and respectable members of the profession are proud to think that in Professor Halford the University possesses a teacher who is not content with merely performing perfunctory duties, but who earnestly desires to help on the grand progress which medical science is making all over the world. In this spirit he has continually applied himself to the investigation of matters which his intimate knowledge of anatomy and physiology procure for him a facility of conducting. His success in working out the problems of medical science, and especially of that branch of medical science which teaches how to render the administration of remedies more certain, has been hailed with the greatest satisfaction, and it was the most natural thing possible that he should be complimented on account of it on an occasion when professional amenities are predominant. The opportunity, however, was too tempting to these snarling commentators for them not to remark unpleasantly upon it, and therefore Dr. Fayer's unsuccessful experiments with ammonia were dragged in to show that Professor Halford deserves no credit for having demonstrated the possibility of treating many diseases effectually, by means of direct injection into the system, in place of the more roundabout and uncertain process of giving medicines through the stomach."

[Having given a paragraph from the *Daily Telegraph*, and inserted Professor Halford's letter of 13th Nov., the writer proceeds:]

"It is not to be expected that any explanation will satisfy those whose only object is to raise, if possible, a bad feeling, and to create bitterness and discord in the profession; but the protest thus raised may serve as a record that the exact measure is taken of these persons, and that the purpose of their remarks is fully understood. They are nothing if not malicious, but as their whole existence seems to be blended with this quality, they struggle desperately to escape the nothingness which, however, is their ultimate and inevitable destiny."—*Australian Medical Journal*, November, 1869.

PROFESSOR HALFORD AND THE TREATMENT OF SNAKE-POISON.

WE regret that this gentleman and his enthusiastic admirers have shown themselves so sensitive to the legitimate criticism which, in fairness to the public, to the profession, and to ourselves, has appeared in the columns of this journal. Once for all, we beg to disclaim entertaining any antagonism towards Dr. Halford, but at the same time

we claim, in the interests of humanity, the fullest right to canvass the merits, safety, and pretensions of any plan of treatment claiming to be entitled to the confidence of the public and the profession, without being subjected to the ignorant insolence of a disappointed office seeker. In proof of the *bona fides* of our scepticism of the value of ammoniacal injection in snake-poisoning, we may remind our readers that no observer, either in Europe or elsewhere, has been able to verify Professor Halford's so-called discovery anent the alleged alteration in the corpuscles of the blood in cases of snake-poisoning. We may also refer to the negative results of the valuable series of experiments undertaken by Professor Fayrer, in conjunction with two other medical men of experience and ability, to test the value of ammoniacal injection in snake-poisoning in the case of a really venomous reptile. Should further experience, however, prove ammoniacal injection to be of any service in snake-poisoning, it would appear that the merit of the proposal belongs, not to Professor Halford, but to the writer of the following letter, which appeared in the *Australasian* of 29th February, 1868—eight months prior to Dr. Halford's first experiment (28th October, 1868):—

TO THE EDITOR OF THE AUSTRALASIAN.

Sir,—I am not a medical man, nor do I possess much knowledge of the organisation of the human body, but nevertheless, on reading Professor Halford's letter* in your impression of last week's *Australasian*, an idea has occurred to me which may or may not be of value. With your permission I will mention it. If snake-poison is so rapid in its effects, should it not be met (not followed) in the quickest possible manner? Would it not be better, instead of rubbing the antidote (if there be one) into the part bitten, to open a vein, and insert the remedy at once into the blood? Would not the effect be quicker and greater? The Indian snake-charmers, who allow themselves to be bitten by venomous snakes with impunity, appear to have found out some method of obviating the evil effects. Perhaps they may have discovered a means of rendering themselves "snake-proof," in a similar manner to the system adopted by us of averting the dangers of small-pox, namely, by inoculation or vaccination.—Yours, etc.,

NEW CHUM.

Carlton, 25th February, 1868.

Every day experience shows that persons bitten by Australian snakes—several species of which are harmless—recover under such a variety of treatment, and sometimes without any treatment at all, that their recovery is little proof of the value of so-called antidotes or specifics.

* [Announcing his views on certain alleged alterations in the corpuscles of the blood in cases of snake-poisoning.]

INQUEST AT HOTHAM.—Dr. Youl (the city coroner) held an inquiry, on Friday, the 26th ult., at the George Hotel, Hotham, into the cause of death of an illegitimate child, named William

Scanlon, aged four months. It appears that the child, which had been previously delicate, was taken ill on Friday, the 19th ult., and died on the following Wednesday, at Trafalgar-place, Hotham, having in the interval been brought to the Melbourne Hospital, and seen by Dr. Tracy at the Lying-in Hospital. In this case there seems to have been no necessity either for an inquest or an autopsy, there being no reason to believe that the child died from other than natural causes. Dr. Neild, who made the *post mortem* examination, stated that death resulted from congestion of the brain, owing to the presence of undigested farinaceous food in the stomach of deceased.

Medical Annotations.

SUCCESSFUL CASE OF ARTIFICIAL RESPIRATION BY THE SYLVESTER METHOD.

By CHARLES MOORE JESSOP, Esq., Staff-Surgeon, Associate of King's College, London.

THE following interesting case occurred on board ship, in 13 deg. south latitude, as I was on my way to India in charge of troops, women, and children, in the year 1864.

On the 7th September (having been at sea for five weeks), a fine-grown and healthy-looking baby, three months old, was attacked with capillary bronchitis; it did well till the 10th, when a relapse occurred—the difficulty of breathing increased. The child, however, rallied in the course of the day, and, between nine and ten the same evening, appeared to be progressing favourably.

About a quarter to twelve, I was called by the father, saying that the child was dead. I went down and found it lying in its mother's arms, apparently dead. It did not breathe, nor make any effort at inspiration; there was no pulse; the pupils were contracted, and insensible to light; there was a slight flutter in the præcordial region.

At the rate of twenty or thirty times in a minute, I alternately raised and depressed the arms for about four or five minutes, when the pallor of the lips began to abate. With the aid of friction to the feet and legs, I continued the process till the lips were crimsoned and the breathing was re-established. I gave a half-ounce enema of gravy-soup and brandy, and directed the friction, with oil, to be extended to the stomach and chest at intervals. I left him breathing feebly, but regularly, and without apparent difficulty.

About one o'clock I was again called by the father, saying, "He really is dead this time, sir." I found the jaw had fallen, respiration had ceased, there was no pulse, and, but for the contracted state of the pupils, I should have said the child

was dead. I commenced the same process as before, and fortunately with a similar result. I left, but came back before two a.m., when I learnt that the respiration had gradually diminished in rate and strength, and that no inspiration had occurred for some time.

For the *third* time, I adopted the Sylvester method of artificial respiration successfully, and again at the hours of three, four, five, half-past six, and, for the last time, about eight o'clock in the morning.

Thus, *within nine hours, this child, three months old, but for the above method, must have died any one of those eight times.*

The enema of gravy-soup and brandy was given after each of the first attacks; afterwards every two hours.

Artificial respiration, after the third attack, was not employed for so long; about five o'clock I was able to procure hot water for a warm bath, so that as the day wore on the fear and danger of death diminished.

The enemata of gravy-soup were given three times a day, with half a drachm of the syrup of iodide of iron, and his mother's milk instilled into his mouth. When he could nurse as usual, the enemata were used only twice daily till the 22nd September, when they were discontinued. As cough was still present, the syrup of iron was given by the mouth twice a day.

On the 30th of the month all trace of his recent illness had disappeared, and medicine was discontinued.

THE DIAGNOSIS OF DEATH.

Among the enumerated signs of real death, I have not seen mentioned that of the fully dilated pupil. Dr. Aitken does not consider that a fully dilated pupil is so certain a sign that it should prevent efforts at resuscitation; because, in two cases of apparent death with dilated pupil from chloroform, he successfully reanimated both. To this I would reply, that as chloroform produces paralysis of muscular fibre, the mere temporary dilatation of the pupil from such a cause should certainly not prevent efforts at resuscitation; and, that in the cases cited by Dr. Aitken the successful issue was due to his present attendance, a knowledge of the cause of the disaster, and a speedy adoption of those measures likely to obviate a fatal paralysis. For many years past it has always appeared to me to be a point worthy of note, having a direct influence on treatment. As far as my observation has gone, if a fully dilated pupil is found in connexion with the cessation of the respiration and the circulation, we may safely conclude that life is extinct, and that the process of artificial respiration will be futile.

In death beginning at the heart, it would appear to be the first fully expressed sign of death, as in

cases of hæmorrhage; but in asthenia and apnoea it would appear to be the latest in its occurrence.

THE TREATMENT OF SUSPENDED ANIMATION.

The principle of the process of artificial respiration, introduced by Dr. Marshall Hall, consists in the alternate compression and expansion of one lung with movement of the heart from side to side. But in natural respiration, in inspiration, the lungs, heart, and great vessels descend; in expiration, the lungs, heart, and great vessels ascend; consequently, Dr. Sylvester's method, which imitates the complete acts and effects of respiration, is to be preferred; because, in the first place, it aids that diffusion of gases which takes place naturally in the lungs; for, by the alternate dilatation and contraction of the chest, we endeavour to shift the stationary air to and fro in both lungs as in health, and so bring about gaseous exchange with the tidal air, averting "oxygen starvation and carbonic acid poisoning."

Secondly. It brings about the reflex action of the medulla oblongata; for the mucous membrane of the parts about the glottis is very sensitive to the least irritation, and the constant currents of fresh cold air which are being sucked into the windpipe stimulate the afferent nerves to the medulla oblongata, which in turn being stimulated, gives rise to reflex action.

Thirdly. It "helps the heart to drive the blood the way that the heart propels it." The motion of the heart is dual. It has a thoracic or respiratory motion up and down, and a cardiac or circulatory motion forwards and outwards, backwards and inwards; the combined motion being a kind of circumduction. The supine position favours the passage of the blood through the heart, and reduces to a minimum the muscular force required to carry on the systemic circulation.

THE THEORETICAL VALUE OF OTHER TREATMENT.

I do not imagine that the exhibition of enemata had much to do with the restoration of the child, yet I should not have considered that every effort had been made for its restoration unless they had been used. The safety of the child was unquestionably due to artificial respiration; but whether the alcohol had anything to do with the increase of general vitality or not, I leave for others to decide.

With respect to the oleaginous frictions, I think they were of use, for not only did the oil facilitate friction in the production and diffusion of warmth, but it prevented the evaporation of heat.—*Edinburgh Medical Journal, Sept., 1869.*

VARICOCELE; RADICAL CURE.

(Under the care of RICHARD BARWELL, F.R.C.S.)

THERE now and then exist special reasons why a varicocele should be cured: as the removal of

hinderance to recruiting, the occasional accompanying pain, atrophy of the testicle, real or dreaded, the mental obsession which disease of the genitals is apt to induce, &c. Some cases presenting one or other of these reasons for surgical interference have lately presented themselves at the Charing-Cross Hospital among Mr. Barwell's patients; and in them perfect cure has followed the most painless and simple proceeding. In his practice he deprecates the more violent methods—such as tying together veins and scrotum in two places, division of the former, etc.; indeed, in the first volume of the Clinical Society's Transactions, a very disastrous case resulting from that operation is recorded.

The subjoined case gives a sufficient account of the simpler means, not indeed new, but to which hardly enough attention has been paid.

Feb. 5th, 1869.—J. C—, aged 22, of the Coldstream Guards; unfit for duty on account of varicocele; discharged, and, as he says, to be readmitted if cured. The varicocele is large; indeed, when he has been standing or walking about for an hour, it is as large as an orange.

13th.—Mr. Barwell separated the vas deferens and spermatic arteries from the veins, keeping the former back and the latter forward; passed a needle, armed with annealed iron-wire, behind the veins—i.e., between them and the vas deferens—beginning on the outer side of the scrotum, and bringing it out on the inner side of the cord. Then the needle re-entered the orifice of exit, passed in front of the veins, and came out at the point where it first pierced. Thus a loop of wire, passed completely round the veins, was lying inside the scrotum, but involving no part either of the skin or fascia. It is this arrangement which renders the proceeding so painless and so safe. The wire, when not too tightly twisted together, compressed the vessels, and a clot immediately formed at the distal side of the tie; the rest of the wire was twisted in the opposite direction, round a roll of lint. Every day the piece of lint was turned once round, so as to give an additional twist to the wire, until the 20th—a week after the operation—when the whole wire came away. It had therefore completely cut through the veins, and its loop was twisted up to a small eye that would have just permitted a mustard-seed to pass. There is no swelling of the testicle itself, but a good deal of loose swollen tissue around its back part. This is probably the severed ends of the veins. The testicle to be strapped.

26th.—Swelling very much diminished; re-strapped.

March 2nd.—Went out, cured. He promised to present himself again if he were not readmitted to the regiment, but he has not returned.—*Lancet*.

CASES OF CHOLERA TREATED BY HYPODERMIC INJECTION OF LIQUOR AMMONIÆ.

By SURGEON A. CHRISTISON, Civil Surgeon, Agra.

1. A European girl, aged 13, was admitted into hospital at the Roman Catholic Institution at Agra, on the morning of the 11th August. When I saw her she was collapsed, with no pulse to be felt in the arm or at the temples; her senses, however, were clear. The usual application of mustard plasters to the loins, stomach, and legs, and hot bottles where required, had been made, and the diffusible stimulant treatment had been steadily carried on. Having watched for some time, and seeing no progress had been made, I injected ammonia, as recommended by Dr. A. R. Young, of the 60th Royal Rifles. Ten minims were injected near the shoulder, and fifteen minims soon after on the back of the hand. The girl complained a little of the pain, but did not withdraw the hand. In a few minutes she became somewhat less collapsed, and expressed herself as better, and in the course of half an hour the pulse had returned at the temples, but not at the wrist. Two hours after this the pulse was perceptible at the wrist, and the patient was soon out of danger.

The ammonia caused rapid reddening of the skin, and death of a portion, of the size of a small almond. The girl did not ultimately survive, for, during convalescence, she had violent hæmorrhage from the mouth and nose, and died from exhaustion. I observed no very prominent effects from the ammonia, but there was a very gradual improvement after the injection, which, I think it fair to believe, may have been due to that treatment.

2. On the 13th August, I found a girl of 13 in a state of collapse in the same institution, but not actually pulseless. The usual treatment was of no use; therefore, seeing that the pulse was gone, I injected 18 minims of ammonia near the shoulder in two portions. The girl was quite in her senses, and said she felt better, complaining, not of the injection, but only of the mustard applications. I could trace no general effect, and no return of pulse from the ammonia.

About two hours afterwards, as she was much worse, I injected 20 minims near the other shoulder, but no effect whatever could be observed, and the patient died at two p.m.

3. A native traveller was admitted into the Thomason Hospital with cholera, nearly collapsed, but with pulse quite perceptible. Twenty minims of ammonia were injected near the shoulder by Sub-Assistant Surgeon Beepin Beharry Bose, in my presence, and the case was watched carefully by him, and Sub-Assistant Surgeon Doyal Chunder Shome, M.B. They observed no improve-

ment in the pulse or in the man's general condition. The injection was repeated when he was further exhausted, but without any effect, and the man died.

Though these cases are not encouraging, I hope that further experiments will be made with ammonia, and other substances used by the hypodermic method, as it appears to me this is the direction in which we may yet hope to obtain success.

The liquor ammoniæ used was weak, the density being nearly 1000, instead of 0.950; but I found that liquor ammoniæ fort. was no stronger, owing to evaporation due to the heat. Perhaps better results might be attained by using strong ammonia prepared and preserved for the purpose.—*Indian Medical Gazette*, Oct., 1869.

ON THE MODE OF TRANSMISSION OF THE ACUTE EXANTHEMATA, AND ON THE PRECISE PERIOD OF INVASION OF THESE DISEASES.

At a recent meeting of the *Société Médicale des Hôpitaux* at Paris, M. Girard, of Marseilles, read a very interesting paper upon this subject, based upon careful observations of 108 cases of measles occurring in the course of an epidemic lately reigning at Marseilles. He was able to trace contagion as the source of all these attacks, and believes contact to be essential for the propagation of the disease. He is equally convinced that the period of incubation is also that of contagion, and quoted in support of this assertion some sufficiently striking examples. As to the precise period, he states that in the 108 cases noted the eruption appeared as late as the sixteenth day in only three; in all the other cases it was developed on the thirteenth or fourteenth day, but never before the thirteenth, never after the sixteenth. M. Girard feels thus able to fix the period of incubation between thirteen and sixteen days—a point of great importance. And as he is equally convinced that the period of contagion is limited to the early stage of the disease, and does not last through the decline of the rash—an opinion not shared by the numerous speakers in the discussion which followed the paper—he suggests that children may be released from quarantine with perfect safety after eleven or twelve days at most. A point of great interest in the communication referred to the early diagnosis of the disease. M. Girard has invariably discovered, when he has been called in sufficiently early, four, five, or at most six days before the appearance of the eruption, a red pimple on the velum palati. This sign has never deceived him. Although all other symptoms may have disappeared, this *pointillé rouge* has always

been followed by the rash of measles. Broussais was acquainted with this sign in 1835, and it had been first pointed out to M. Girard in 1839 by Valleix, but these observers had not fixed the period of its appearance. M. Girard states that the papule is red, that it appears towards the free border of the velum palati, between the fifth and seventh day after the first symptoms, and disappears towards the third or fourth day after the eruption.—*Medical Times and Gazette*.

POLICEMEN AND MEDICAL EXPERTS.—A public meeting has been held at Bodmin to express indignation at the recent case at Hitchin, in which a police inspector and a medical man proceeded to examine a lady and her daughter, on the ground that a newly-born infant had been found near the house in which they lived. The police inspector certainly made a huge mistake; and the practitioner a still greater one, in acting so seriously upon the authority of a mere policeman. It may be remembered that the defendants were fined £20; but this does not satisfy the sympathetic and indignant inhabitants of Bodmin.—*Lancet*.

RECOVERY FROM TAKING A LARGE DOSE OF CROTON OIL.—Dr. Mauvezin relates, in the *Gazette des Hôpitaux* of June 29th, the case of a little girl, six years old, who, by mistake swallowed forty-five drops of croton oil in some coffee and milk. She complained of the horrid taste of the drug, and a burning sensation at the isthmus faucium immediately after the ingestion. A little time afterwards there was great pain at the epigastrium, with severe vomiting, which lasted three quarters of an hour. After the vomiting had ceased, the patient slept for four hours; and on awaking she said she was hungry, when some soup was given her. The child was then free from all pain, had two loose stools, and made a good recovery. The oil was of good quality.—*Lancet*.

Births and Marriage.

BIRTHS.

FISHER.—On the 6th inst., at 105 Collins-street east, the wife of Mr. Alexander Fisher, surgeon, of a son.

WILSON.—On the 26th November, at her residence, 52 Gertrude-street, Fitzroy, the wife of Dr. H. B. Wilson, J.P., of a son.

MARRIAGE.

ELMES—LITHGOW.—On the 1st December, at St. Kilda, John Blair Elmes, M.D., M.A., and M.C., to Miss Hester Lithgow.

PUBLICATIONS RECEIVED.—The *Launceston Examiner* and the *Lancet*.

COMMUNICATIONS for the *Australian Medical Gazette* should be sent to the Editor, care of Messrs. CLARSON, MASSIMA, and Co., 72 Little Collins-street East, Melbourne.

Original Articles.

PIROGOFF'S AMPUTATION—SLIGHT MODIFICATION.

By D. B. REID, M.R.C.S. England, SURGEON
TO THE GEELONG HOSPITAL.

LAWRENCE TREWIN, aged 48, farmer, native of Cornwall, England, was admitted into the Geelong Hospital, July 18th, 1866, suffering from crushed foot. States that he was returning from Geelong on horseback, when coming in contact with a cab, the step caught his right foot, and severely crushed it.

PRESENT STATE.—July 18, 6.30 a.m.: Pale and weak, in great pain. The whole of the inner side of the foot is destroyed, from the great toe to near the heel. The bones of the great toe are entirely smashed; the bones of the next toe are also broken and exposed; the cuneiform bones are exposed, and their articulations with the scaphoid are loosened; the foot generally is much crushed. 4 p.m.—On admission, was cold and weak, with irregular pulse. Decided not to amputate until reaction set in. Water dressing, spoon diet, and brandy. During the night had 1 gr. of morphia.

July 19.—Passed a better night. Pulse 116, strong, regular. Tongue inclined to be dry. 11 a.m.—Proceeded to amputation. Chloroform tried, but abandoned, in consequence of the unsatisfactory condition of the pulse. There was just enough soft tissue left to admit of Pirogoff's operation, which was accordingly done. The ordinary rules were not adhered to, as more of the heel was saved than usual, as well as about half an inch more of the calcaneum. The saw passed through the astragalus and the calcaneum, and the remaining portion of the former was dissected off with a few touches of the scalpel. On laying open the ankle joint, the external malleolus was found fractured, and the cartilage partly stripped off the upper articular surface of the astragalus; all this was cleared by the saw when removing the malleoli and lower extremity of tibia. Two ligatures were applied, the hæmorrhage was very slight; the parts were brought together, and found to fit very neatly; the stump was secured in position by a simple bandage, and the line of incision was covered with water dressing; the whole was supported on a back splint.

Discharged from hospital on the 17th August, 1866.

The stump soon healed, and became perfectly firm. Some little time afterwards Trewin rode into town, and presented himself at the hospital. He was able to ride, walk, and run nearly as well as before his accident. Mr. Jones, of Melbourne,

had made him a boot suited to the necessities of his case.

JAMES IRWIN, aged 31, road contractor, medium sized man, dark complexion, gray eyes, and brown hair, was admitted into the Geelong Hospital, April 9, 1867, suffering from crushed foot.

States that, about 9 p.m., at the Geelong station, as he was crossing the line, one of the engines caught his right foot.

PRESENT STATE.—Toes crushed. Dorsum of foot stripped, and all the bones denuded. The skin is destroyed in front as far as the ankle joint, and on the outer side a little beyond that joint. The whole of the sole of the foot is torn off and thrown backwards on the heel; this flap is much contused and covered with grit. The plantar flap was carefully washed, and all foreign bodies removed; water dressing.

OPERATION.—When Irwin was admitted, it was doubtful whether the plantar flap would recover or no; the probability was that it would slough. It was considered advisable to delay operating for a few hours in consequence, as there was a chance of performing Chopart's operation.

At 9 p.m. on the 10th April it was found that the flap had commenced to slough, and Pirogoff's amputation was immediately performed in the following manner:—

The knife, inserted in front of one malleolus, was carried down across the sole of the foot, and the incision completed to the opposite side; this incision did not pass so far back as usual. The extremities of this incision were united by another one in front of the ankle joint; the joint was then opened. Instead of the saw being placed behind the astragalus, it was placed on the dorsum of the astragalus, and both bones were sawn through three-quarters of an inch in front of usual line of incision of the calcaneum. The remaining piece of the astragalus was then removed, and the operation completed in the usual way. Two ligatures and water dressing were employed; no sutures. Limb supported on a back splint projecting beyond the stump.

Discharged from hospital on 15th June. Shortly afterwards the stump completely healed, and osseous union was established between the tibia and calcaneum. Mr. Jones, of Lonsdale-street, Melbourne, made a boot for Irwin, and he is able to walk about with scarcely any halt.

Pirogoff's amputation appears to me to be scarcely applicable to any cases except those of injury where the tissues are otherwise sound. My experience at the Geelong Hospital has led me to remark that almost all cases of chronic disease of the tarsus reaching beyond the astragalo-scaphoid joint, and requiring amputation, can only be effectually treated according to the method of Mr. Syme. When the disease extends so far,

the whole of the cancellous tissue of the calcaneum is so often diseased as to render abortive all attempts to save any part of it. In recent injury these conditions do not exist, and I feel convinced that where the state of the parts admits of its performance, the result of Pirogoff's operation is vastly superior to that of Syme's. Not only do you get a longer stump, but a much more natural one. The evils of having a large empty bag to fill up and contract are obviated. The sharp edges of the sawn extremity of the tibia are not allowed to make pressure on the skin in the act of walking, and the patient can bear his weight much more confidently on the stump.

The very slight modification I have introduced is that of saving, if possible, more of the calcaneum than is usual in Pirogoff's operation. I find that unless the plantar tissues are destroyed far back, this may readily be done in the way described. The advantage of this is, that the stump is longer and equally good. The only difficulty is the greater tension of the tendo Achillis, which, being put on the stretch, has a tendency to drag the calcaneum backwards, and so separating the sawn ends of the calcaneum and the tibia, especially in front. This, I find, is very easily remedied by a back splint, well padded, which counteracts the muscles of the calf.

The two cases related have turned out well; both patients are pursuing their usual avocations with little difficulty, and are able to get about with very slight lameness. They are the only cases in which I have tried Pirogoff's operation.

Geelong, December, 1869.

TESTIMONIAL TO PROFESSOR HALFORD.

A MEETING of this gentleman's admirers, convened by circular by Messrs. W. M. Ross and F. A. Moody, was held at Scott's Hotel on the 21st inst. The meeting, which numbered about a dozen persons, including the following members of the medical profession, Fitzgerald, Cutts, Barker, Wilkins, and Morton, was called for the purpose of "taking steps to obtain a suitable recognition of the valuable services rendered to humanity by Professor Halford, M.D., of the Melbourne University, through his discovery of an antidote for snake-poisoning; and also to encourage him to continue his investigations, undertaken with a view to alleviate human suffering." In the course of the discussion, "Dr. Cutts expressed his opinion that it would be premature to say that Dr. Halford had discovered an antidote for snake-bite, and he believed that Dr. Halford himself was, as yet, not prepared to pronounce confidently that the injection of ammonia was a complete antidote to snake-poison, although it had proved efficacious in a number of cases. What

Dr. Halford deserved a public recognition for, in his opinion, was the very important discovery that blood-poisoning, whether from snake-bite or otherwise, could be treated by the injection of ammonia into the veins. This discovery might effect an entire revolution in therapeutics. Dr. Barker concurred in the view taken by Dr. Cutts, and said that the method of *administering remedies by injection was entirely new*. Drs. Fitzgerald and Wilkins also considered that the object of the testimonial should be to recognise the discovery of the method of treatment by injection, rather than of an antidote for snake-bite. This alteration was agreed to by the meeting."

While congratulating Professor Halford's friends on their discretion in hesitating to base his claim to a testimonial on the alleged discovery of an antidote to snake-poison, which he now repudiates, at the same time we are at a loss to account for their determination to compliment him on the supposed discovery of a remedy for blood-poisoning by venous injection. If it be premature and absurd to present the Professor with a testimonial for the alleged antidotal virtues of ammoniacal injection in snake-poisoning, it would be not merely absurd, but still more ridiculous, to do so for his proposal to treat blood-poisoning in general by venous injection. So far from the treatment of disease by the injection of remedies into the veins being "entirely new," as alleged, it will be seen from an extract from Pereira's magnificent work on *materia medica*, in another column, that venous injection was practised so far back as two centuries ago. It is really lamentable to find gentlemen intimately connected with the Melbourne University so deficient in the literature of their profession. Whether the injection of ammonia into the veins in cases of snake-bite is likely to be of any service, still remains to be proved; but we are wholly unaware of any facts tending to show the value of this plan in the case of blood-poisoning. It is to be feared that the hankering after notoriety, so general in these days of sensation and fastness, frequently occasions the unphilosophic error of drawing deductions from a small number of cases, the circumstances of which are often imperfectly understood, and as inaccurately reported. We wonder what next.

APPOINTMENTS.—Dr. W. M. Gordon, Senior Resident Medical Officer, Yarra Bend Asylum, has been appointed Acting Medical Superintendent of the Melbourne Lunatic Asylum during the absence of Dr. Paley.—Dr. James Boone has been appointed Public Vaccinator for the district of Rutherglen, *vice* Dr. Wm. Barker, resigned.—The Council of the Melbourne University have appointed Dr. Bird lecturer on *Materia Medica*, Therapeutics, and Medical Botany; *vice* Dr. Sturt.

SELECTIONS FROM FRENCH AND GERMAN MEDICAL JOURNALS.

(Translated for the Australian Medical Gazette.)

ON THE SUBCUTANEOUS INJECTION OF CHLORAL. BY
DRS. LIEBRICH AND DEMARQUAY.

DR. LIEBRICH found that the hydrate of chloral acted on frogs by first producing sleep and then anæsthesia, and that large doses produced death by paralyzing the heart. In an insane patient—a male—suffering from epilepsy and delirium, 157 centigrammes of an aqueous solution of chloral were injected under the skin. In five minutes he fell into a profound sleep, which lasted four hours. On awaking, he took food as usual. In two other cases it was given by the mouth, with similar results, in two-gramme doses at a time. No ill effects followed its use. Dr. Demarquay, assisted by Dr. Follet, has performed a number of experiments on rabbits. They injected into the cellular tissue from 20 centigrammes up to 120 without causing death in any of the animals. They were all fully anæstheticised in from 15 to 30 minutes, and continued in this state from two to three hours. Their eyes and ears were congested, but there was no increase of temperature. Their sensibility was increased, for the slightest pinch caused them to utter plaintive cries. The pulse was increased in frequency. The temperature of the body was reduced from one-half to an entire degree. The urine and the breath smelt of chloral. If the animals were opened, there was general congestion of all the organs of the body, including the mucous membranes, and particularly of that of the trachea. The arterial blood was of a violet tint. Demarquay believes that chloral is eliminated by the lungs, differing from Dr. Liebrich, who considers that it is decomposed by the blood. He considers it to be the most powerful agent yet discovered in producing muscular resolution, and the most rapid in action of all the hypnotics.

CASE OF ANEURYSM OF THE LAST INTERCOSTAL ARTERY.
BY DR. CALLOCH.

THE frequency of aneurysm in this colony will render the following case of interest to the profession:—

A male, aged 23, muscular and pallid, entered the Hotel Dieu, on the 25th September. Six months previously he had received a kick in the right lumbar region. Since that time he had suffered from some pain in this part. He was seized, on the 17th, with fever, headache, bleeding from the nose with loss of strength. He was supposed to be suffering from typhoid fever, which was then very prevalent. His pulse was 106, soft and compressible. Nothing particular occurred up to the 1st of October, when

in attempting to get out of bed he fell, and was unable to rise without assistance. When seen, his skin had generally a yellow tinge; lips pallid; pulse 120, small and weak; the legs, scrotum, and walls of the abdomen were cedematous. He complained of severe pain in the right groin and upper part of this thigh, and there appeared to be some obscure indications of effusion of blood in the iliac region. He had not had the bleeding from the nose for several days; there had been no blood in the motions or in the urine. He died at noon the same day.

The pericardium was found distended with a large quantity of serum, but there were no traces of pericarditis. The heart was very pale; its cavities contained a little rose-coloured fluid blood; the valves were natural. The lungs were adherent, and contained a considerable quantity of frothy fluid and some gray deposits. The intestines were adherent, but they presented none of the alterations found in fever. In the right iliac fossa, under the iliac aponeurosis, and extending down into the upper third of the thigh, a considerable quantity of blood was effused.

At the pillars of the diaphragm there was a tumour, the size of the two fists, which extended into the left side of the right hypochondriac region, under the liver. It had separated the aorta from the vertebral column. The aorta was normal, but from the last intercostal artery there was an opening of the size of a large quill into the tumour. The aneurysm had given way in the right hypochondrium, and the blood had descended along the vertebral column, the psoas and iliacus muscles, and the femoral vessels, into the thigh. The 9th and 10th dorsal, and the 1st lumbar vertebræ were slightly altered.—*Condensed from the Gazette Medicale de Paris.*

FIBRINOUS CLOT IN THE LEFT INTERNAL CAROTID ARTERY, PRODUCING PARALYSIS OF THE LEFT SIDE FROM OBSTRUCTION OF THE VESSELS OF THE BRAIN.

[FIBRINOUS clots in the heart are not unfrequent in this colony. They may be met with under a variety of circumstances—in endocarditis, whether affecting the lining membrane of the ventricles, or only the valves; in chlorosis, and in dysentery, particularly, when it occurs in old people and in those reduced by previous disease; after confinement and in the menorrhagia of elderly women; the thinning of the blood, when they have previously suffered from valvular disease, seeming to favour the formation of clots.

If these clots should be detached, and carried by the carotid artery into the brain, the patient may become suddenly insensible, and die in a short time. It is not always possible to trace the progress of the paralysis in these cases, or to obtain a *post mortem* examination. Here, as in

Europe, the fibrinous clots, or growths, are more liable to be detached when the aortic than when the mitral valves are diseased, from the clot being liable to be entangled in the cords of the valve, and so situated as not to be able to pass through the opening. In one case, the patient, a young man, was suffering from disease of the aortic valves, with chronic colonial fever. He became suddenly insensible while walking in the garden, and died in a short time. In another case, the patient, a man, aged forty years, had suffered repeatedly from hæmoptysis, died suddenly. The lining membrane of the left ventricle was of a bright colour (washing with water did not remove it), a round clot, larger in size than a pigeon's egg, was found in the left ventricle; the left internal carotid artery, after passing through the carotid canal, at the point where it divides into the three small vessels—the ophthalmic, the anterior, and middle cerebral—and receives the posterior communicating, was closed by a fibrinous clot. The left lobe of the brain was pale, but there was no effusion into the arachnoid cavity. The lungs were congested.

In the other cases, one was a female lately confined. The woman who attended her had applied cold wet bandages to her abdomen; she had had considerable hæmorrhage after the birth of the child. The second had been very much reduced in strength by a discharge from a purulent cyst; and the third, a female, fifty years of age, suffering from disease of the heart, was very much reduced by the recurrence of a sanguineous discharge from the uterus. This woman became sensibly weaker, the pulse increased in frequency, being more feeble and irregular, and she was unable to lie down, from difficulty of breathing and cough without expectoration; the anxiety and pain in the præcordial region were severe, the face anxious, and the nose white at its point.

There was a peculiar churning sound heard at the apex and centre of the heart, and along the posterior part of the scapula, replacing the sound which previously existed in the mitral valve. There may be a distinct bruit, or even a musical sound, when the clot exists, near the aortic valves.

There was no marked congestion of the lungs or effusion into the pericardium. She was found dead.

When fibrinous clots or warty growths occur in the left side of the heart, or at the lower part of the aorta, on becoming detached, if they find their way to the brain, it is generally by the common carotid, from its position at the apex of the aorta. Should they pass along the innominate artery, if large, they are arrested before they reach it, and at the point where this vessel divides into subclavian and common carotid.]

A female, aged 78, entered the infirmary of La

Salpêtrier, under Dr. Vulpain, on the 25th, at nine a.m., and died soon after. Her health had been generally good until the last few days, when she complained of difficulty of breathing and cough. On the evening of the 24th, she succeeded in helping to make her bed. During the night nothing particular was observed. At six a.m., she was found in a state of semi-insensibility, just able to articulate the word *pâsan*, to indicate where it was kept, and thank the attendant.

She had paralysis of the left arm, but the leg of that side was drawn up when irritated. The sensibility of the right side was intact; the respiration was not very noisy; the head was inclined to the left, but the face to the right; the eyes were fixed. She was removed to the infirmary on a stretcher. Her body became more inert; she ceased to speak and answer questions, and the respiration became noisy. On admission into the infirmary the left arm and leg were completely paralysed, but the right side appeared to be intact; the teeth were firmly fixed, but there were no twitchings of the muscles of the face. She died at half-past eight a.m.

The bones of the head were thick, but easily broken; the frontal sinus was very large, and extended high up. There was a large quantity of serum in the arachnoid cavity. The arteries at the base of the brain were not diseased; the right internal carotid artery, for the length of a centimetre, was obliterated by a fibrinous clot, and the anterior cerebral artery of the same side was similarly affected in its whole length.

Above the obliteration of the vessels, blood existed in a coagulated state; this was recent, and a *post-mortem* formation. The fibrinous clot was hard and compact, of a greyish red colour, like the old clots found in the heart and aorta. It was not adherent to the walls of the vessel; the left carotid and its branches were free, and this side of the brain, when incised, presented blood points. The membranes of both lobes were injected. The right lobe of the brain was extremely pale in its anterior three-fourths, and when incised, there were no blood points, the sections being nearly dry. There was an old apoplectic cavity in it of small size, containing fluid. This fluid contained granular masses of fat, and the vessels in its vicinity presented the same change. The right pleural cavity contained a large quantity of serous fluid; pleuritic adhesions existed, and the bronchial glands were altered. The heart was natural: all the valves, save the mitral, were intact; it was thickened at its base by deposit, and there were little white particles floating from it. There were traces of superficial endocarditis. The liver was natural; the kidneys hard, with points of fatty degeneration here and there.—*Condensed from Paper read before the Societe de Biologie.*

ANEURYSM CURED BY THE SUBCUTANEOUS INJECTION OF ERGOTINE.—BY PROFESSOR LANGENBECK.

A MAN, aged 45, began to suffer in the summer of 1864 with severe pains in the right arm; in the course of a few months a pulsating tumour appeared in the neck. It was evident that the subclavian and innominate arteries were dilated. Dr. Jacobson, of Copenhagen, applied the moxa with some benefit. The tumour, however, increased, and in January, 1869, it had attained the size of the fist, and pulsated strongly. There was also pulsation in the carotid. The pain was very severe; the arm and hand weak and atrophied. On the 6th January the aqueous solution of secale was injected. Immediately after the injection the patient fell asleep, and in the evening the pulsation in the tumour was much feebler, and there was less swelling. From the 8th of January to the 17th of February the secale was injected about every third day. At the last named period the power of using the hand had returned considerably. The pulsation had not disappeared, but it was very weak, and the tumour was very much smaller.

In another case, the patient, a male, aged 42, after a wound at the bend of the arm, noticed a pulsating tumour. The tumour was small, and found to be an aneurysm of the radial artery. The patient stated that it had existed for twenty years. The Professor injected the aqueous solution of secale under the skin, in the vicinity of the aneurysm. The next day the tumour had very much diminished; by the eighth day, it had disappeared.

The effect of the secale in these cases was very marked—an aneurysm of the radial artery disappearing after one injection, and a large one of the subclavian in less than six weeks. Practitioners who have seen many cases of aneurysm will scarcely believe that the secale can effect what the Professor states. The remedy, however, comes to us under the sanction of such a great name, that we are bound to give it a trial. If it succeed even in checking the increase of the tumour, a very great boon will be conferred on suffering humanity. In 1836-7 papers were published in one of the German medical journals, on the utility of injecting the tincture and the infusion of secale directly into the uterus in protracted labour, in menorrhagia, leucorrhoea, and in a variety of the diseases in which it was thought advisable to excite uterine action. The injection of the infusion into the circulation of dogs has been known to cause obliteration of the vessels.—*Condensed from the Berlin Klinik. Wochenschrift.*

VITAL STATISTICS.—According to Barral, the annual mortality in Madeira is one in 39; in France, it is one in 44.5; in England, one in 46; and in Scotland, one in 49.

Medical News.

MEDICAL REGISTER.—The names of the following gentlemen have been added to the roll of legally qualified medical practitioners in Victoria:—John Sheppard O'Carroll, Charles Smith, William John Smith, and Thomas Ramadan Ashworth Esqs.

MEDICAL ASSOCIATION OF VICTORIA.—The monthly meeting of this body was held on the 10th inst., in the Board-room of the Melbourne Hospital, the president, Dr. Stewart, in the chair. After the confirmation of the minutes of the previous meeting, Dr. John Murray read an interesting paper on Stricture of the Rectum. In the course of the discussion which followed, Dr. Reeves referred to some causes of this affection, instancing a case which arose from injury inflicted on the bowel by a fish-bone. Dr. Curtis drew attention to the advantages of smearing bougies with dilute unguentum belladonnae in the case of painful strictures. Dr. Iffla considered that many cases of obscure constipation were occasioned by stricture, or narrowing of the colon or rectum. After some observations by Drs. M'Carthy and Stewart, the thanks of the meeting were voted to Dr. Murray for his valuable paper.

EXAMINING BOARDS.—In the United Kingdom there are no less than nineteen bodies which examine and grant medical qualifications, viz., seven in England—the Universities of Oxford, Cambridge, London, and Durham, the Colleges of Physicians and Surgeons, and the Apothecaries' Society. In Scotland there are also seven, namely, the Universities of Edinburgh, Aberdeen, St. Andrews, and Glasgow, the Colleges of Surgeons and Physicians, and the Glasgow Faculty. In Ireland there are only five, viz., the University of Dublin, the Queen's University, the Colleges of Physicians and Surgeons, and the Apothecaries' Company. The Medical Corporations elect three-fourths of the General Medical Council, the remaining fourth being appointed by the Crown.

ST. PATRICK'S SOCIETY.—On the 22nd inst., at the Melbourne County Court, before Judge Pohlman and a jury of four, Dr. M'Carthy, medical officer to the above society since 1863, obtained a verdict, with costs, against the trustees of that body for his salary for October, 1869. For some time past several members of the society have been dissatisfied with Dr. M'Carthy; amongst other reasons, because they considered his remuneration was on too liberal a scale, although this society is one of the richest in the colony, having, it is understood, several thousand pounds to its credit. This dissatisfaction culminated some time since in the removal of those members of committee

who were considered favourable to that gentleman, and the appointment in their place of others hostile to the doctor. The new committee signalled their accession to power by endeavouring to oust Dr. McCarthy from office, and by appointing in his stead, at a cheaper rate of pay, Dr. Brownless, Vice-Chancellor of the Melbourne University, and Dr. Garrard, a member of the Melbourne Hospital staff. Gentlemen holding these appointments, if they accepted club practice at all, should, at all events, one would imagine, look for a higher rate of emolument. Whatever opinion may be formed of the merits of the controversy between Dr. McCarthy and the dissatisfied members of the society, this gentleman is certainly entitled to the best thanks of the profession for his manly refusal to submit to the reduced rate of remuneration and other humiliating conditions acceded to by Messrs. Garrard and Brownless.

VITAL STATISTICS OF MELBOURNE AND SUBURBS FOR OCTOBER, 1869.—The Registrar-General reports the occurrence of 285 deaths for the month in the metropolitan district; of these, 165 occurred amongst males, and 120 in females. The deaths of those under five years amounted to 118, and of persons above that age, to 172. The total deaths were 2.04 in each thousand of the population. The daily average mortality was 9.19. The mean average mortality of October for the preceding ten years was 25.4. The mean temperature of the month was 55.3°; the average mean temperature of the month for the preceding ten years was 56.9°. Forty per cent. of the deaths were of children under five years.

SNAKE BITE.—The *Age* of the 16th inst., after reporting the recovery—under the administration of brandy—of a little dog recently bitten by a snake at Majorca, asks the pertinent question—are many of our snakes deadly in their venom?

LUNACY IN VICTORIA.—From a return compiled by Dr. Paley, the Inspector of Lunatic Asylums, recently laid before Parliament, it appears that, on the 30th June, 1869, there were in the various lunatic asylums in this colony 1602 insane persons, distributed as follows:

| | |
|--|-------------|
| Yarra Bend Asylum (daily average)... | 885 |
| Ararat | 268 |
| Beechworth | 303 |
| Carlton, old Collingwood Stockade, (average) | 180 |
| Cremorne (private) | 16 |
| Total | 1602 |

HYPODERMIC INJECTION OF MORPHIA IN CHOLERA.—Dr. Bates, of Manchester, reports having successfully employed a solution of morphia in the algid stage of cholera. The morphia was injected over the stomach. The condition of the patient (a female) is described as being almost hopeless.

THE AUSTRALIAN MEDICAL GAZETTE.

MELBOURNE: THURSDAY, DECEMBER 30, 1869.

THIS journal having completed the first year of its existence, it may not be out of place to take a rapid glance at some of the occurrences which have occupied the attention of the profession in the colony during the past twelve months. Our readers will not perhaps have forgotten that the commencement of the year found Victoria for the second time invaded by small-pox. The true nature of the disease, though denied at first by the Chief Medical Officer and his friends, was at length admitted. The public were made aware of the dangerous character of the malady, mainly by the exertions of this journal and the Medical Association. This epidemic of variola, although neither wide-spread or of long continuance, was yet very fatal, considerably more than the usual proportion of deaths to recoveries having occurred. Subsequently, a number of remarkable inquests—conducted by the metropolitan coroners, Messrs. Candler and Youl—compelled us on more than one occasion to animadvert in severe terms on the illegal and insulting conduct of these officials in habitually violating the provisions of the Medical Practitioners' Statute in favour of their *protégés*, to the manifest injury and degradation of the profession at large. To us it was the occasion of sincere regret to have so frequently felt it our duty to reflect on gentlemen to whom, under other circumstances, it would have afforded us pleasure to give credit for the discharge of duty without favouritism or partiality. We unfeignedly hope that for the future so unpleasant a task may never again fall to our lot.

It will be remembered that the Bill to amend the "Coroners' Statute, 1865," introduced during the last session of Parliament by the Hon. Mr. Casey, the Minister of Justice, prohibited the making of any *post-mortem* examination without the previous consent of the coroner, under pain of incurring the penalties of misdemeanor. This monstrous provision, unheard of in any part of the civilised world, and brought forward, it is understood, at the instance of the metropolitan coroners, was rejected without hesitation by the Legis-

lature as soon as its pernicious tendency and objects were pointed out.

Towards the latter part of the year the question of snake-poisoning became the subject of considerable public and professional interest, in consequence of Professor Halford's proposal to treat these cases by ammoniacal injection into the veins. While freely expressing doubts respecting the value, safety, and originality of this proposal, we felt bound to condemn the unphilosophic and inflated language of its proposer, as well as the systematic newspaper puffing resorted to on behalf of this so-called discovery.

On these, as well as upon every other question, however remotely affecting the *status* or the welfare of the profession, we have not failed to express our opinion freely and fully, and particularly on the pernicious and demoralising tendency of the relations at present subsisting between the profession and the members of benefit clubs. The system of medical contracts for benefit clubs strikes at the very existence of the profession, and may be justly regarded as of the most vital importance to every medical man who values either his own independence or the well-being of the profession. The ruinous tendency of club practice has received fresh illustration since the Vice-Chancellor of the Melbourne University and a member of the Melbourne Hospital staff have not scrupled to tender their services to the St. Patrick's Benefit Club, at a considerably less figure than was paid for years to the medical officer of that society. We have, therefore, little hesitation in stating that, unless some measures adequate to cope with the gigantic evil of club practice, and to keep it, if possible, within reasonable bounds, be speedily taken—that between this system, and the tendency of the better classes to take advantage of the various medical charities—the profession in Victoria will, at no distant day, reach a depth of degradation unequalled in any other country in the world.

No one regrets more sincerely than ourselves the disunion and want of cohesion so frequently commented upon as existing in the ranks of the profession in this colony; much, if not all of this evil, however, may be traced to the selfish conduct and monopolising policy of that organisation which until recently had the entire field to itself, and which, instead of exerting its influence to promote the

unity and well-being of the profession, was only too often intent on advancing the personal interests and petty views of an individual or of a small section of the profession. Had the *Australian Medical Journal* and the Medical Society sought the welfare of the many instead of the few, in all probability neither this journal or the Medical Association would at the present time have been in existence. The large measure of support accorded to this journal, while vindicating the wisdom of those who established it, proves that there was ample room for an independent organ of professional opinion. Monopoly in medical journalism, as in most other affairs, is too apt to degenerate into tyranny and selfishness; while, on the other hand, healthy competition and honourable rivalry seldom fail to be productive of advantage. For our own part, we may state that, in the future, as in the past, our first object will be to assist, however humbly, every earnest endeavour to promote the unity and welfare of the profession by means of an honestly conducted journal, which, claiming to represent the general practitioners, not only of Melbourne, but throughout the colonies, will fearlessly expose all abuses, whether in the case of friend or foe.

PRIVILEGED COMMUNICATIONS AND MEDICAL WITNESSES.

THE following report of the evidence given by a member of the profession at the hearing of the divorce case, *Bury v. Bury and Russell*, on the 15th inst., before the Supreme Court, is of considerable interest to medical men:—

Mr. T. N. Fitzgerald, a surgeon, who had attended her—[the respondent, Mrs. Anne Bury]—during an illness she had, said that she admitted to him her guilt with Russell.

The CHIEF JUSTICE inquired why Mr. Fitzgerald gave this evidence—was it not a privileged communication, and not to be divulged without the consent of his patient?

Mr. Fitzgerald said she volunteered the statement after he had treated her, and he did not know that he could refuse to give the evidence.

Mr. LAWES remarked that in the suit of "*Lewis v. Lewis*," May, 1868, Mr. Crooke, surgeon, had raised the objection to giving any evidence as to what Mrs. Lewis said to him.

Mr. JUSTICE BARRY.—And very properly, too.

Mr. LAWES.—But this objection was disallowed, and he was obliged to give the evidence.

There is no particular in which medical men should be more scrupulous than in preserving inviolate the communications made to them by their patients. Such a course is dictated not only by

the intimate relations subsisting between the physician and his patient, but by sound policy; since, without the safeguard of secrecy, patients would be extremely averse to impart information necessary to a right understanding of their ailments, and, therefore, essential to their proper treatment. It may be well to state that the wisdom of our legislature has made ample provision for the protection of medical witnesses in this respect. The 47th section of "The Statute of Evidence, 1864," provides that "No physician or surgeon shall, without the consent of his patient, divulge, in any civil action, suit, or proceeding (unless the sanity of the patient be the matter in dispute), any information which he may have acquired in attending the patient, and which was necessary to enable him to prescribe or act for the patient." No blame can be attributed to the medical man in the present instance, as he was evidently unaware of his legal right to withhold the information.

of poisoning in the person bitten, was equally good evidence of its not having been that harmless species."

Medical Annotations.

INJECTION OF MEDICINES INTO THE VEINS.

THE history of this operation is inseparably connected with that of *transfusion*. The first experiments on infusion are said to have been performed in Germany; but the first scientific examination of the operation was made by Sir Christopher Wren. His example was followed by Boyle, Clark, Henshaw, Lower, and others.

The partisans of this method of treatment assert that, when medicines are administered by the stomach, their properties are more or less altered by the digestive power of this viscus; and that, by injecting medicines at once into the veins, we avoid this influence. The effects are of the same general nature as when medicines are applied to the skin or stomach: thus emetic tartar occasions vomiting, senna purges, opium stupifies, and so on. So that some of the supposed advantages of this operation have no real existence, while several objections to it exist: such as the danger of introducing air into the veins, or of throwing in too large a dose of the remedy (for a slight excess in some cases may prove fatal), or of the occurrence of phlebitis. These, then, are sufficient reasons for not resorting to this practice, except on very urgent occasions; for example, to excite speedy vomiting when the patient is unable to swallow. Köhler (mentioned by Dieffenbach, who notices also several other analogous cases, preserved the life of a soldier, in whose throat a piece of beef tendon was sticking, by throwing a solution of six grains of emetic tartar into a vein of the arm; vomiting was induced, and the meat expelled. Meckel injected two grains of this salt, dissolved in water, into the veins of a woman to restore suspended animation from immersion in water. Lastly, cold water has been injected into the umbilical vein in cases of retained placenta.

In some obstinate and dangerous diseases, this operation is admissible as a last resource: for example, in cases of poisoning, in hydrophobia, in malignant cholera, etc. As plethora appears to diminish absorption, it has been proposed to throw tepid water into the venous system in cases of narcotic poisoning, and thus to cause artificial plethora, in order to prevent the occurrence of the symptoms of poisoning by stopping absorption. Vernière found that three grains of nux vomica produced no effect when applied to a wound in a dog, into whose veins water had been thrown; and he asserts that, by the early use of aqueous in-

THE LATE CASE OF SNAKE BITE AT TALBOT.—In a letter bearing date the 2nd inst., but not published until the 24th, Professor M'Coy states that the snake which bit the man Coutts at M'Callum's creek, Talbot, on the 27th ult., was of the brown and not the diamond species. It would be interesting to ascertain by what means the learned professor arrived at this conclusion, as Dr. Dowling, who reported the case, describes the reptile as a diamond snake, in which statement he is supported by all the published reports of the case. Not a word was said about the snake belonging to the brown species (*diemenia superciliosa*) until we pointed out in this journal, on the authority of Krest, that the diamond snake (*morelia spilotes*) is perfectly harmless; when, forthwith, those eminent zoologists, Messrs Dallimore and M'Coy, hasten to the rescue of Professor Halford. For our own part, we are not aware whether the innocuous diamond snakes of New South Wales exist in Victoria or not; but a great authority on Victorian snakes, Mr. Shires, states that he has found them in this colony. But, under any circumstances, we deny the right of Mr. Frederick M'Coy arbitrarily to assert that a snake described as being of a particular kind, and which it does not appear that he ever saw, belongs to a totally different species. No two descriptions of snake are more different in appearance than the brown and diamond snakes. It is a pity that Mr. M'Coy should have gone out of his way to indulge in a puerile sneer at the danger of a little learning. We congratulate this gentleman on the admirable specimen of logic and composition contained in the following passage of his letter:—"The snake in question, being 'brown,' could not have been the diamond snake; and, having produced the usual symptoms

jections, we may prevent the development of contagious diseases. Magendie proposed the injection of tepid water into the veins for the relief of hydrophobia. The operation was first performed at the Hôtel-Dieu, at Paris, in October, 1823; the convulsions were stopped, but the patient died in a day or two afterwards. This operation has been several times repeated, and with the same results. In June, 1832, I tried it on a patient (afflicted with this terrible disease) under the care of the late Mr. Bennett, of the Commercial road; the patient was a boy about nine years of age, he was nearly insensible at the time I performed the operation. I threw in about one quart of tepid water without any obvious effect on the pulse; no convulsions were subsequently observed, but the patient died in a few hours. Saline solutions were injected into the veins in malignant cholera, and often with apparent advantage. Purgatives, narcotics, etc., have been thrown into the veins by different physiologists, and in most cases the effects observed were similar to, though more powerful than, those produced when these agents were administered by the stomach. To this statement, however, the oils are an exception, for when injected into the veins in large quantities, they interrupt the circulation and produce a kind of asphyxia.—*Pereira's Materia Medica*, Vol. 1, p. 136.

ON THE ACTION OF COBRA POISON.

By J. FAYRER, M.D., F.R.S.E., C.S.I.;
Surgeon, Bengal Army; Professor of Surgery in the Medical College of Bengal.

PRESENT.—Dr. Fayrer; Dr. Ewart, Professor of Physiology; and Mr. Sceva, of the Indian Museum.

August 15, 1868.—The object of these experiments was to make careful observations of the symptoms during the action of the poison, to note the pathological changes during life and after death, and the microscopical appearances of the blood of a mammal in the healthy state, immediately before submitting it to the influence of the snake-poison, and to compare these appearances with those of the blood of the same animal after death from the snake-poison.

The examinations were made with the greatest care by Professor Ewart and myself with two microscopes, the power used being $\frac{1}{4}$ of an inch, and they were repeated many times.

Experiment No. 1.—At 11.59 a.m., a small pariah dog was bitten in the left hind-leg, just above the carpal joint, by a daboia, the same snake that had been used in former experiments. The dog was put near the snake, which, though excited and hissing loudly, appeared disinclined to bite; on being irritated, it struck the dog in the leg as described; the wound bled freely.

It was nearly five minutes before the dog showed signs of the effects of the poison. He then began to stagger, and seemed weak, and as if unable to co-ordinate the muscular movements of the limbs.

At 12.6 he lay down, breathing heavily.

At 12.7 he rose and staggered a few steps and vomited.

12.9.—Gradually subsided on to his left hind-quarter; looks vacantly about him, but intelligent when spoken to. There is no indication of any suffering.

12.11.—Walks about when led, but very sluggish, and wants to lie down; weak in the bitten leg.

12.18.—Is walking slowly, staggering in the hind-quarters; has his head depressed, with the neck stretched out. Cold water dashed over the head seemed to rouse him partially.

12.22.—Lies down, weak and exhausted; no convulsions. Looks as though he were going to sleep. Takes no notice when spoken to.

12.42.—Lying down sluggish, and disinclined to move; can walk a little when roused.

12.46.—Respiration deep. Lying on the right side; appears generally paralyzed.

12.57.—Insensible; catching respiration.

1.5 p.m.—Dead.

Died in sixty-six minutes.

Post-mortem, soon after death.—Part above the ankle-joint, where the animal was bitten, ecchymosed to an extent of two inches, and discoloured by dark bloody fluid. Decomposition commencing. A coagulum corresponded to the points at which the fang had penetrated. Blood in femoral vein fluid. Thorax opened. Lungs pale and bloodless; completely collapsed when the thorax was opened. Heart's right cavities contained fluid blood. The blood pressed out of the heart and from the great vessels in the thorax was fluid, with no tendency to coagulate. The left side of the heart empty. The liver healthy. Spleen enlarged. Stomach contained a quantity of food. Kidneys healthy. Brain taken out, and carefully examined; it was healthy-looking and firm, perhaps more anæmic than quite natural. The blood was kept until next day, and there was no coagulation. Up to 1.54 p.m., no *rigor mortis*. The blood was most carefully examined before the dog was bitten, during the operation of the poison, and after death. *There was nothing suggestive of the changes described by Professor Halford.* The red corpuscles remained altogether unaltered. In one of the examinations after death, a few more of the white corpuscles were seen than we had observed in other specimens, but there was no peculiarity about them; and after most careful and repeated examinations, we could detect nothing that confirmed Dr. Halford's observation.

Experiment No. 2.—A healthy medium-sized dog was bitten, at 12.4, in the left hind-leg by the

daboia Russellii. It was not certain that the fangs penetrated. The mouth of the snake was also brought in contact with the right thigh and the lower part of the abdomen, and the fangs were struck lightly into the parts. The snake was one that had been used on former occasions, and was weak, and probably almost exhausted of poison.

1.30 p.m.—Lies down; looks depressed; evidently affected by the poison.

2.3.—There has been very little change during the last forty minutes. Lies down quietly. There are abdominal contractions, as of irregular action of the diaphragm.

5 p.m.—When roused moves about, but is sluggish and weak. Steps irregularly with a staggering gait, crossing the hind-legs, at other times keeping them wide apart. After walking a little, the steps became more regular and steady. The dog having usually been fed at this time, food was offered, but he refused it.

6.30.—Quiet; no symptoms of pain or convulsions; perfectly conscious; when spoken to, responds readily by raising his head and wagging his tail. Is insensible to pain if irritated in any part of the body. In some of the former experiments it seemed as though anæsthesia were produced on the limb that had been bitten. The dog gradually drooped, without any sign of pain; no spasm.

Died at 8.15—eight hours and eleven minutes after being bitten.

In this case death was very slow and painless. It seemed more like a gentle lethargy stealing over the animal, and gradually increasing until death. There was no sign of pain; no convulsions; just before death the defecation was of a muco-sanguinolent character, having been perfectly natural before being bitten.

The body was examined soon after death. On raising the integument, it was found that the deepest wounds from the snake's fangs had been received in the middle of the lower part of the abdomen, but they had not penetrated deeper than the adipose tissue. Several small punctures (4 or 5) were found in the side of the abdomen and in the inner part of the thigh.

The *post-mortem* appearances of the thoracic and abdominal cavities were exactly the same as in the former case, except that the spleen was healthy in this case. The blood was watched for 14 hours, and it did not coagulate; and being carefully examined under the microscope, presented no change from the normal condition.

The results of these experiments, which were conducted with great care and every precaution to exclude sources of error, may, I think, be accepted as almost conclusive that death is caused by the action of the poison on the nerve-centres generally, and not by its operation on any special one. The

condition of the thoracic viscera proves that it is not due to pulmonary congestion or asphyxia. The fluid state of the blood, although no change in its corpuscular elements is appreciable, tends to show that it is the direct channel through which the nerve-centres are injured. In both these cases death took place slowly, giving ample time for any changes, such as described by Dr. Halford, to take place.

It is worthy of notice that in both cases there was absence of any convulsions or tetanic spasms. This may be attributed to the animals having received a smaller dose of the poison, and that administered by comparatively exhausted snakes. In other cases, when the animal bitten was smaller, and the daboias were more vigorous, the effect in producing convulsions was marked, and death took place more rapidly. Where the poison operates slowly and feebly, as in these cases, there is very little, if any, difference in the symptoms from those produced by the cobra poison, administered under the same conditions.

Experiment No. 4.—A fowl was bitten in the thigh by a daboia at 12.15. It was convulsed immediately, and quite dead at 12.16.40. Dead in 100 seconds. The blood coagulated after death.

Experiment No. 5.—A hypodermic syringe filled with about 30 drops of the blood taken from the above fowl immediately after death, was injected into the thigh of another fowl at 12.20.

It walked about; was soon rather lame in the injected leg; gradually became sluggish; drooped; could walk if roused, but remained quietly crouching. It gradually drooped, and died at 4.10 p.m.

Experiment No. 6.—Mr. Sceva injected the blood of the fowl (Experiment No. 5) into another fowl's thigh at 4 p.m., 26th September.

27th, 10 a.m.—Fowl still alive.

28th, 2 p.m.—The fowl is alive and apparently well, excepting slight lameness in the injected leg.

30th, noon.—It is still alive. There has evidently been no effect produced.

2nd Oct.—The fowl recovered.

Experiment No. 12.—Five drops of cobra poison, diluted with about ten drops of water, were injected with the hypodermic syringe into the inner side of a cat's thigh at 1.7.45 p.m.

At 1.12 restless; muscular twitchings; mewing loudly.

1.13.—Partially paralyzed; dragging the punctured leg; breathing very much hurried. As the cat crouches on the ground the hind-quarters fall over as though paralyzed.

1.14.—Tries to walk: drags the hind-leg.

1.56.—Sluggish; apparently in no pain; does not move, even when roused.

2.20.—Lying on its side, with hind-leg extended; profuse flow of saliva from the mouth, and symp-

toms of nausea. Frequent evacuation of thin fecal matter.

2.30.—Raised the head and fore part of the body; dragging the hind-limbs for a short distance on the floor.

3.—Attempted to get up again, but was unable to do so.

3.5.—Died, slightly convulsed.

The blood coagulated firmly after death. It was examined by Professor Partridge and myself, and no change from the normal structure could be made out. The corpuscles, red and white, were unchanged, excepting that some of the red ones were shrivelled.

The quantity of poison used was only five drops, and that was mixed with water. It was injected at 1.7.45 p.m., the cat died at 3.5 p.m.—rather less than two hours.

It is evident from this that the poison does not suffer by mixture with water.

Experiment No. 13.—A large cobra was injected at 1.33 p.m. with five drops of the solution of strychnia, gr. i. to 3i., near the head.

It was convulsed and powerless at 1.36.

At 1.40 muscular tetanic twitchings.

1.42.—Dead.

This experiment shows that a poison is rapidly effective in the snake when inoculated into the circulation.—*Edinburgh Medical Journal*, September, 1869.

THE TREATMENT OF ACUTE GOUT.

We subjoin a note of the treatment of acute gout as followed by physicians at some of the metropolitan hospitals. It is especially as regards the use of colchicum—a most ancient remedy for gout—that we have thought it interesting and important to glean these particulars. The special power of this drug in controlling the inflammatory phenomena of the disease is generally recognised, but its *modus operandi* cannot be explained. The researches of Garrod go to show that colchicum does not increase the amount of uric acid excreted by the kidneys, nor does it in all cases increase the quantity of urine. Yet the relief obtained by the use of this drug is in the experience of most practising members of the profession.

For the purposes of clinical instruction, Dr. FULLER, (St. George's Hospital), divides cases of acute gout into two classes, namely, (1) cases in which the excretory organs are organically sound and functionally active—cases in which the attack of gout is due principally to excess and indiscretions of diet; and (2) cases in which the excretory organs are in some way disordered, and fail in performing their eliminative functions—cases in which the patient is not necessarily guilty

of indiscretions of diet, but in which the liver and kidneys fail in their action, either as the result of functional disorder or of organic change in their structure.

The first class of cases correspond with those which pass under the name of sthenic gout; the tongue is usually furred, the urine loaded, and the bowels are commonly torpid. In these cases, until the acute symptoms have subsided, Dr. Fuller restricts the diet to liquids, administers a saline draught containing sulphate and carbonate of magnesia and a few drops of colchicum wine, occasionally gives an aperient pill containing calomel, aconite, and opium, and wraps the joints in finely carded wool, or in flannels steeped in a solution of soda and laudanum. As the acute symptoms subside, a more generous diet is permitted, and some light, bitter tonic, such as tincture of gentian or calumba, is added to the mixture.

The second class of cases have more affinity with what has been termed atonic gout; the tongue is often clean, the urine clear—sometimes of low specific gravity,—and the bowels are regular. In these cases, Dr. Fuller does not restrict the diet to the same degree; he allows a little meat without vegetables, and also, if desired, a glass of sherry, or a little spirits and water. He acts freely on the skin by means of the hot-air bath; administers an aperient in the morning containing taraxacum and sulphate of magnesia, and during the day he gives a warm stomachic draught containing ammonia, and a few grains of soda in a light, bitter infusion. Occasionally a dinner pill is prescribed, containing rhubarb and a grain of colchicum; and in some instances, characterised by pale, clear urine, a draught containing quinine, the mineral acids, and taraxacum, are substituted for the mixture just referred to. In these cases, as soon as the acute symptoms have subsided, a drachm of the syrup of phosphate of iron is given each morning before breakfast.

In the treatment of acute gout, Dr. MURCHISON, (Middlesex Hospital), commences by clearing out the bowels with colocynth, blue-pill, and henbane, and then he relies mainly on alkalies and colchicum, the bicarbonate of potash and colchicum wine. With these he usually combines the nitrate of potash, and in private practice the patient is also instructed to drink lithia water. In rare cases, where there is irritability of the stomach, it may be necessary to subdue this by bismuth, magnesia, lime-water, and ice, with sinapism to the epigastrium, before giving colchicum. The inflamed joints are covered with pledgets of lint moistened with laudanum, or with belladonna liniment and oil silk, and the whole enveloped in cotton wool. Opiates are not given, except in rare cases where the pain is protracted

and severe, and not even then unless the bowels be well open, and the urine free from albumen. The patient's diet is restricted for the most part to milk and farinaceous articles.

Dr. RADCLIFFE, (Westminster Hospital), thinks that, during the last twenty years, there has been a great change in the character of the cases of gout which fall under the physician's notice. The acute gout of old, he believes, is now rarely met with. It is much more common to meet with the subacute form—the form, that is, which is more nearly allied to rheumatic gout. Dr. Radcliffe does not employ colchicum. In a case of gout where some part of the foot is involved, he raises the limb to a height above that of the pelvis, gives diluents, iodide of potassium, alkalies and no colchicum. Nor does he give purgatives. He diminishes the allowance of port wine and beer.

Dr. SALTER's treatment (Charing-cross Hospital) of cases of acute gout does not differ, in any essential particulars, from the general management of such cases; and the results are such as, in his opinion, to entitle the treatment to be considered successful. It consists of the administration of certain remedies, the prescription of certain dietetic and other management, and the application to the part affected of a certain local treatment. What he generally orders, is a mixture containing iodide of potassium, bicarbonate of potash, colchicum wine, and decoction of bark. He regards as groundless, in the great majority of cases, the fears that are so often expressed of the peculiarly lowering tendency of colchicum; at the same time recognising the fact that cases are sometimes met with which appear to be almost absolutely intolerant of it, and others that bear it very ill. He thinks that it should always be commenced very cautiously and tentatively with those who have never taken it before. He is equally incredulous of the opinion that has been expressed by Dr. Todd and others, that colchicum tends to render gout more inveterate and more apt to recur.

Dr. Salter thinks it very important, unless the case is trifling, that the patient should be kept in bed, for the sake of the perfect physical rest, for suspending all wear and tear, and for getting some sleep by day, in case the rest is much disturbed at night. He prescribes a light and simple diet—farinaceous foods made with milk, beef tea, and fish. He does not by any means consider stimulants a *sine quâ non*; he very often gives none at all; and in cases where the patient's condition absolutely requires it, he prefers claret, or claret and potass water, to anything else. Unless the pain is very severe and distressing by day, he does not give any sedative except at night, when he gives a sufficiently large dose to command sleep, whatever that dose may be.

Dr. Salter's local treatment consists in the appli-

cation to the affected part of a lotion consisting of a drachm of iodide of potassium, an ounce of bicarbonate of potass, and a pint of boiling water; to this he thinks a little opium may be advantageously added. Doubled lint saturated with this lotion is applied to the part affected, and covered with oil-silk; to that is put a layer of cotton-wool, and the whole swathed in a flannel bandage. The lint should be taken off from time to time, and re-dipped in the lotion. The relief that patients experience from this application is very great. With or without this lotion, there are three other things on which Dr. Salter insists in the local treatment of a gouty joint—perfect physical rest, protection, and preventing the part affected being too dependent.—*Lancet*.

FRENCH HOSPITALS.—The following statistics, relating to French hospitals, are furnished by the *Medical Times and Gazette*:—

"On January 1, 1869, there existed in the French Empire 1557 Hospitals and Hospices, governed by 1382 Administrative Committees. Of these, 415 are designated as Hospitals, 291 as Hospices, and 851 as Hospital-Hospices. The total number of beds was 141,576; and the following is a list of the administrations which had the largest number of beds:—Paris, 18,785; Lyons, 4176; Nantes, 2716; Lille, 2188; Rouen, 2078; Orleans, 1641; Marseilles, 1617; Bordeaux, 1599; Montpellier, 1581; Toulouse, 1554; Angiers, 1318; Strasbourg, 1285; Amiens, 1106; Grenoble, 1081; Rheims, 1044; Rennes, 1016. During the year 1864, 553,061 individuals were treated or maintained in the Hospitals and Hospices. The number of days passed in Hospital (*journées de présence*) was 35,912,967, and the ordinary receipts amounted to 61,979,950 fr. In relation to the Hospitals, the General Council of Inspection suggests that the law should be altered in order to render the admission of the indigent inhabitants of the rural communes easier than it is now, the means of treating the sick *à domicile* being also at present very inefficient. In the whole number of Hospitals 44,575 deaths took place during 1864, the mortality of lying-in women being put down at 816, out of 14,794 accouchements, or 5.5 per cent.

Publications Received.

Syphilis: Its Nature and Diffusion Popularly Considered. BY JAMES GEORGE BEANET, F.R.C.S.
A Practical Manual of the Diseases of Children, with a Formulary. BY EDWARD ELLIS, M.D.

COMMUNICATIONS for the *Australian Medical Gazette* should be sent to the Editor, care of MESSRS. CLARSON, MARSHALL, and Co., 72 Little Collins-street East, Melbourne.

